

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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TRADE CONTACT: The Jenks Group. Telephone 01494 - 442446

backache **LEGAL CATEGORY:** P **PRODUCT LICENCE**

**HOLDER:** The Mentholatum Company Limited, East

Kilbride, Scotland G74 5PE

FURTHER INFORMATION FROM THE LICENCE HOLDER IS

AVAILABLE ON REQUEST.



5 August 1995

## PSNI supports drug misuse survey

## NPA investigates mail order script scheme

## Smoking tops list for pharmacist's advice

**Update:**  
handling  
drugs in  
the elderly



## News from the USA: the state of independents

## Beware the pitfalls of underinsuring the shop

## Unichem buys Scottish chain for £17.5m

For relief  
from eczema,  
employ a  
double agent.

Presenting Double Agent Eurax Hc.

Mission: To locate and eliminate itching and inflammation caused by mild to moderate eczema, contact dermatitis and insect bites.

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Duration of Mission: Up to 10 hours.

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Retail crime is a perennial problem. The cost of customer theft rose by 40 per cent in 1993-94, according to a survey by the British Retail Consortium. It might not be a top priority for most pharmacy managers, but the sad fact of life is that it costs each and every one of us \$120 extra a year on our shopping bills – a total of \$750 million a year. A statistic rather closer to home is that it costs the average retailer 21 per cent of their profits.

A whole security industry has developed to combat the problem – closed circuit TV, electronic tags, magnetic bar codes and so on – but it won't go away. Pharmacies are as prone to pilfering as any: everyone recognises the potential problem of the gaggle of schoolgirls around the cosmetics fixture. 'Store detectives' are fine for larger stores, but are impractical for vulnerable smaller retailers. Likewise, their merchandise is the most difficult to tag. One in five retailers do not know how to handle potential security incidents. Tackling the suspect is not always the answer, since half of physical violence in stores is a consequence of intervention.

Where do small retailers turn to for help? The experts agree there is no substitute for staff vigilance. Often, asking someone acting suspiciously whether they need help can frighten off a potential thief. Training in what to look out for, and your legal rights also helps, but again the cost for most smaller retailers is prohibitive. Recently C&D covered the launch of the National Retail 'Theftstop' Initiative (June 17, p974). It provides four modules of training, each of about 14 minutes' duration. For the small pharmacy manager who wants to give staff an insight into the most effective ways to deter theft, and himself gain a working knowledge of the law, the cost per pack of \$18.95 (+VAT) is money well spent.

## CHEMIST & DRUGGIST

Editor John Skelton, MRPharmS  
Deputy Editor Patrick Grice, MRPharmS

Assistant Editor/Beauty Editor  
Liz Jones, BA

Contributing Editor Adrienne de Mont, MRPharmS  
News Editor Ailsa Colquhoun, BSC

Business Editor Jackie Blondell, BA

Technical Editor Maria Murray, MRPharmS

Reporters Marianne Mac Donald, MRPharmS  
Fawz Farhan, MRPharmS

Art Editor Tony Lamb

Price List Colin Simpson (Controller)  
Darren Larkin, Maria Locke

Deputy Advertisement

Manager Julian de Bruxelles

Assistant Advertisement

Manager Doug Myton

Martin Calder-Smith

Production Katrina Avery

Publisher Ron Salmon, FRPharmS

Publishing Director Pam Barker

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# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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# PSNI supports methadone survey

A national survey of Northern Ireland community pharmacists to establish their attitudes and practices in the dispensing of methadone and other substitute medication is to take place in the late summer.

The survey, which has the support of the Council of the Pharmaceutical Society of Northern Ireland, will also look at the sale or other provision of needles or syringes to known drug misusers, and explore barriers to further involvement. It will be carried out by all the Province's community pharmacists.

The PSNI Council is anxious

that community pharmacists should co-operate. The study will give an opportunity to assess the caseline involvement of community pharmacists in drug misuse, the Council heard at its July meeting.

It is likely that, in the future, community pharmacists in Northern Ireland will be involved in methadone dispensing, and in needle and syringe dispensing or exchange schemes. This study will help raise awareness of the issue and will also enable the views of community pharmacists to be taken into account when deciding policy for the Province.

In the spring, the Department of Health and Social Services ran an advertising campaign to encourage patients with common ailments not to expect a prescription every time they saw a GP. The campaign also sought to raise awareness of the role of the community pharmacist as an additional source of professional advice on the treatment of minor ailments. The impact of the campaign has been evaluated.

Widespread support has been received from both the medical and pharmaceutical professions for the production of a consumer leaflet, which explains what to

do with minor ailments.

A small working group will be set up by the Family Health and Social Services Directorate to agree the text for the leaflet. The Council has nominated Terry Hannawin and Dr Terry Maguire as the pharmaceutical representatives on the group.

- All 64 candidates in the PSNI registration examination in June were successful. Overall, the examination board was satisfied with both the content of the exam and the performance of the students, and indicated that there would not be any substantive change to the format in 1996.

## Kershaw on remand until September

A Preston pharmacist has appeared in court, accused of producing a quantity of amphetamine in the town.

Richard James Kershaw, 56, of Preston, faces two charges of producing a quantity of the drug

on or between January 1 and July 3, and possessing a drug with intent to supply over the same period.

Magistrates at Preston directed that the case be tried at the Crown Court.

## Pharmacist jailed in child snatch case

A pharmacist and her husband were jailed last week after admitting snatching their two children out of council care.

Denise Holland and her computer consultant husband, Graeme, took the children to France for eight weeks, where they lived in a six-bedroom mobile home.

They took the children after fears that the pair might be put up for permanent adoption, Lewes Crown Court heard.

Defending, Robert Triesman said: "Decisions on the schooling of the children were taken and the Hollands were not informed or involved."

Jailing the defendants, judge John Gower said: "You had a legitimate grievance at the way your children's case had been handled."

"[But] people who seek to take the law into their own hands must expect to be severely punished."

Mrs Holland was jailed for a year, her husband - the case's "prime mover" - for 18 months.

## PSNC halves deficit after tax

The Pharmaceutical Services Negotiating Committee has halved its deficit after tax for the year to March 31, compared to 1991.

While local pharmaceutical committee levies for 1994-95 came to £1,371,732 (£1,296,751 in 1994), PSNC showed a deficit after tax of £10,370 (£22,972).

Administration expenses were up slightly from £1,023 million to £1,055m, while communication costs were up by a larger per-

centage from £213,374 to £246,615 (the figures do not include the cost of the special LPC conference in May).

The Committee's annual report and accounts are published in the latest *PSNC News* (no 6/7 95).

- PSNC is to meet with the DoH "with a view to thrashing out" outstanding patient pack issues, such as dead stock. This will take place before the joint working party meeting on September 6.

## Get in on the Network

Pharmacist contributors are being sought for a Health Education Authority publication devoted to health promotion in primary care.

Michael Burden, pharmacist advisor to the HEA, is inviting pharmacists working to "raise the integration of pharmacists in health promotion activities in primary care" to contribute to Network - a bi-monthly newsletter aiming to encourage communication and information exchange within the field.

Would-be contributors, or those wanting to join the mailing list, should write to: The National Unit for Health Promotion in Primary Care, Block 10, Churchill Hospital, Old Road, Headington, Oxford OX3 7LJ.



# Decade of generic shift continues

Over half of all prescriptions were written generically in 1994, a 50 per cent increase in ten years.

The total number of items dispensed in England in 1994 was 456 million, a rise of 2.1 per cent, according to the latest Department of Health Statistical Bulletin. The basic cost of \$3,404 million, a 7.8 per cent rise, was the lowest rate of increase in five years.

Some 83 per cent of scripts were exempt, with an average 9.4 items dispensed per head of population, almost a 10 per cent increase.

Cardiovascular drugs account for the largest slice of prescrip-

tions in terms of total cost, although more scripts were written for central nervous system drugs than for any other category.

Drugs for malignant disease and immunosuppression had the highest cost per prescription and the highest rate of increase (10 per cent) in the number of script items.

Prescriptions Dispensed in the Family Health Services Authorities: England 1984-1994 is available from the Department of Health, Health Publications Unit, Heywood Stores, No 2 Site, Manchester Road, Heywood, Lancashire OL10 2PZ, priced \$2.00.

## Smoking cessation tops pharmacist advice league

Community pharmacists are most likely to be asked advice on smoking cessation than any other health promotion topic.

A six-month study of 20 pharmacies, conducted by Gwent Health Commission, reveals smoking cessation is consumers' most pressing concern, with pharmacies offering advice on 584 occasions. This was followed by information on healthy eating, pregnancy testing and oral health. Each participating pharmacist was paid \$1,000.

Most important, says the

Health Commission's newsletter, is that pharmacists gave 163 hours of "free, useful advice". In total, they promoted positive health on over 2,500 occasions. Only 20 per cent of consultations resulted in sales being made.

"What we want to highlight," says Gwent Local Pharmaceutical Committee secretary, Andrea Robinson, "is that a small number of interventions lead to a sale."

The full study will be presented at this year's British Pharmaceutical Conference.

## Folic awareness failure

Only 25 per cent of mothers understand about the benefits of folic acid in pregnancy, according to a nationwide Gallup survey.

Conducted on behalf of Cantassium, the survey of 1,300 women aged 16-49 found that, while two-thirds had heard of folic acid, only 25 per cent knew why it was beneficial. Many thought it was used to combat pre-menstrual tension, fatigue and flu.

Ignorance was particularly prevalent in the 16-24 age group, where 60 per cent of

those surveyed were not aware that folic acid can prevent neural tube defects.

Spina Bifida Week, running until the end of this week, aims to rectify this ignorance with the message 'Foresight not Hindsight'. The campaign is being run by the Association for Spina Bifida and Hydrocephalus, and Cantassium.

• G R Lanes is reminding pharmacists that they must fill prescriptions for products which are available as both licensed medicines and food supplements with the licensed variant.

## Probation for manager with hand in the till

A pharmacy manager, who could not cope with his job, pocketed over \$2,000 from the till, Preston Crown Court heard this week.

David Pomfret, 39, used the refund key to open the till at A & C Chemists in Leyland, and over a three-month period stole almost \$2,400. The court heard that staff grew suspicious after they saw Mr Pomfret putting money into one of his shoes and in his pocket.

Mr Pomfret, of Hindley Green, near Wigan, was placed on probation for two years after pleading guilty to five charges of theft.

Judge Herbert Andrew QC said that offences concerning the theft of money by an employee were normally dealt

with by a prison sentence, but on this occasion he accepted that Mr Pomfret was suffering from a depressive illness.

Prosecutor Mark Lamberty told the court that Mr Pomfret started working at A & C Chemists in January last year. "Over a three and a half month period, he took just under \$2,400 in 31 transactions," said Mr Lamberty.

When police interviewed the defendant, he said he had been forced into debt when buying a new house. Philip Hall, defending, described the offence as being one of "stupidity rather than scheming".

"He could cope with the pharmaceutical details, but found it hard to run the business side," said Mr Hall.

## Counterpart: application for test PIN

Last week, we launched Summer Health, the first module of Cambridge Counterpart, the pharmacy assistant development training package, co-sponsored with Whitehall Laboratories, and designed to meet the Royal Pharmaceutical Society's requirements for medicines counter assistants from July 1, 1996.

Subscribing pharmacists may obtain further copies of Cambridge Counterpart from Whitehall Laboratories' sales force, or by telephoning Tracy Matthews or Charlotte Batchelor on 0181 747 8797. The Pharmacist Briefing, to get pharmacists up to

speed with staff inquiries on the Summer Health training module, was published in *C&D's* July 15 issue, pp 87/88.

*C&D* will publish Pharmacist Briefings in the third issue of each month until June 1996, with the matching Counterpart module delivered as an insert in the fourth issue of the month, together with test sheets for four assistants.

Please note that VAT should be added to the PIN marking fee of \$12.50 per assistant. Businesses or persons registered for VAT will be able to reclaim the VAT element of \$2.65.

### Telephone marking - PIN application form

Names of assistants

1. ....  
2. ....  
3. ....  
4. ....

Enclose a cheque (made payable to *Chemist & Druggist*) for

x \$12.50 (plus \$2.19 VAT per assistant)

= \$ .....

Pharmacy address.....

..... Telephone number.....

Supervising pharmacist.....

Registration number.....

Send to: Cambridge Counterpart, *Chemist & Druggist*, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

# NPA calls in DoH over mooted drugs by post plan

The National Pharmaceutical Association has informed the Department of Health of a proposed scheme to bypass pharmacist dispensing.

The NPA Board was disturbed to learn that a company called Omega Partners had contacted Nottingham general practitioners, asking if they would be interested in receiving substantial 'rebates' in return for exclusive access to repeat prescriptions.

The company told the NPA that the project was still being assessed, but would involve doctors directing all repeat prescriptions to Omega, which would supply drugs by carrier or post direct to the patient.

In return, Omega would be able to pay the doctors a 'rebate' of up to \$25,000, paid, if required, into a Swiss bank account! Omega was said to be supported by a "large public company", operating under a "well known household name".

**Pharmacy assistant training** The Board expressed "considerable disappointment" at the Royal Pharmaceutical Society's decision to allow "experienced assistants" to meet its training requirements by completing a multiple choice question paper in the pharmacy, rather than at an independent venue under test conditions.

**NHS settlement** Disappointment was expressed at the 1995-

96 pay settlement for contractors in England and Wales. However, the Board shared the PSNC's concern that rejecting the latest offer might result in a less favourable one again being imposed.

**European matters** At the annual meeting of the Europharm Forum, a document had been adopted on the pharmacists' role in smoking cessation. It is to be presented to health ministers via the director of WHO Europe.

**Practice research** The NPA is to co-operate with the Pharmacy Practice Research Resource Centre at the University of Manchester in a research project looking at advice given by community pharmacists in connection with self-medication.

**Patient pack dispensing** Continuing concern was expressed by Board members about the lack of detailed information on the introduction of original pack dispensing. Of most concern was the fact that the detail of the changes to be made to contractors' Terms of Service are still not known. Wally Dove has provisionally agreed to meet officials at the DoH.

**Temazepam blacklisting** The consensus view was that, sooner or later, temazepam itself would need to be restricted as a Controlled Drug.

**'Pharmacist' advertising ban**

The publicity sub-committee was concerned to learn that a manufacturer had been refused permission to televise an advertisement which included a reference to the pharmacist because, it was suggested, the wording implied professional endorsement of the manufacturer's product. It was felt that this was an over-zealous interpretation of the relevant code and it was agreed that the matter be discussed with the RPSGB with a view to making representations to the Independent Television Authorities.

**Unit pricing** The European requirements for unit pricing are to be postponed for two years to give retailers an opportunity to source and acquire suitable equipment. The business services committee is to investigate making available equipment or other facilities that will enable community pharmacists to comply with the regulations.

**Publicity programme** The main thrust of next year's advertising will again be 'advertisorials'. The Board also agreed the text of a members' 'pledge', which would shortly be made available for them to display in their pharmacies, promising a range of services and a number of quality standards.

**Self-help groups directory** The NPA is to publish a new edition of the directory, jointly with the RPSGB.

## Old FP10s valid

The Prescription Pricing Authority says it will still accept old FP10 forms from August 1, until further notice.

## Pharmacy Week

Pharmacists' views on Pharmacy Week are being sought to help evaluate the success of the campaign. Comments should be submitted to the Royal Pharmaceutical Society's PR department, 1 Lambeth High Street, London SE1 7JN.

## M6 contract

Taylor's Chemist, which opened four months ago in the Hilton Park M6 service station, has lost its appeal against Staffordshire FHSA's decision not to grant an NHS contract. The proprietors are now planning to approach the NPA.

## Welsh tender

A shortlist of tenders for Welsh prescription pricing services has been delayed (*C&D* March 18, p425). A decision was expected as *C&D* went to press.

## Pharmacy Healthcare

The latest Pharmacy Healthcare leaflet focuses on holiday health. Future campaigns will deal with osteoporosis (September), dental health (October), heart disease (November/December), contraception (January/February) and smoking cessation (March).

## CSM review

Among non-steroidal anti-inflammatory drugs, azapropazone is associated with the highest safety risks and ibuprofen the lowest, says a review by the Committee on Safety of Medicines. The CSM also concludes terfenadine is effective at a lower dose than is currently recommended.

## Blind diabetics

The British Diabetic Association is to ask for all glucose testing strips used by blind diabetics to be on NHS prescriptions. Patients using the Boehringer Mannheim strips, used in the Hypoguard meter with an electronic voicebox, pay £30 a month.

## GSL analgesics

Devon County Council has tightened up GSL analgesic sales through non-pharmacy outlets. Under a voluntary code of practice, retailers will reduce the quantity sold in single transactions.

### STATUTORY COMMITTEE

#### Coleman overcomes drink problem

A pharmacist's four-year battle against drink and drug abuse after being struck off the Register paid off recently, when his right to practice was reinstated by the Royal Pharmaceutical Society's Statutory Committee.

Mr Coleman, of Weston-Super-Mare, Avon, had been struck off in November, 1990, when he was found guilty of misconduct. He admitted taking drugs from his pharmacy and to having a drink problem. Later that year, he appeared before magistrates and was given a conditional discharge after pleading guilty to unlawful possession of Controlled Drugs.

Mr Coleman appeared unrepresented before the Committee.

#### Lennard fails to get back on Register

Malcolm Lennard failed to have his name reinstated on the Pharmaceutical Register recently, after the Statutory Committee said his actions in handing over Controlled Drugs for cash to an unnamed courier were too serious to be forgiven in so short a time.

Mr Lennard, of Edgware, Middlesex, had pleaded guilty at Harrow Crown Court on November 1, 1991, to three sample charges of supplying class C drugs Temgesic, Duromine and Ionamin at his pharmacy in Kilburn, north London. He was fined a total of £750 with £400 costs, and an order was made to confiscate £5,737.47.

#### Malik back on bail

Four people charged in connection with an alleged conspiracy to defraud the NHS of thousands of pounds were further remanded on bail when they appeared at Stratford magistrates court last Monday.

Dr Gerald O'Moore, of Plaistow, London, appeared with Dr Mohinder Singh, who has three East London surgeries; pharmacist, Arshad Zahoor Malik, 37, of Ilford, Essex; and Jean Cummings, Dr O'Moore's practice manager.

They were all bailed until October 10 when a two-day committal is expected.

Mr Malik faces 26 offences between September 5, 1993, and July 26 this year, within the jurisdiction of the Central Criminal Court, including 15 charges of falsifying accounts.

## A traveller's tale

My holiday was spent abroad and required a changeover at Gatwick airport. With a few hours to kill, I toured the terminal's shops and landed in the pharmacy.

I was impressed by the layout, the product range and the merchandising, but by far the most impressive feature was the pharmacist. I was drawn towards the medicines counter to eavesdrop on his counter prescribing.

My colleague dealt quickly and efficiently, but above all professionally, with a series of requests for advice on symptoms. A queue of people waited and, in turn, he probed the background to their symptoms – asked all the right questions – and decided quickly on a course of action: either selling a product or referring them to the airport medical staff.

His caring attitude and his knowledge was impressive. In two of the consultations I overheard, the patients could only

## This pharmacy provides a vital service to the travel-weary

communicate poorly in English, but this was no barrier to them receiving the help they needed.

Clearly this is a very different pharmacy to my standard 70 per cent NHS, 30 per cent counter operation and the customer flow is many orders of magnitude greater and more diverse. Interestingly, the Gatwick pharmacy does not have a dispensing contract, but I wonder if having one would be of much benefit to its nomadic population, who are not likely to have too many health service prescriptions.

This pharmacy provides a vital service to the travel-weary who need relief. Travelling is stressful, travelling while ill is often unbearable. This pharmacy proves the point that we need to be given the opportunity to dispense a wider range of medicines, since it is likely that, for many, the emergency supply option would not always be available.

This was a very special pharmacist making full use of a very special opportunity. With pharmacists of this calibre, there is no need to be concerned about switching POMs to P and giving the profession greater clout to manage symptoms more effectively. Well done, Sir. We should be proud of you!

Written by a practising Northern Ireland community pharmacist.

## Time to beef up health promotion in pharmacies

My eight obligatory health promotion leaflets are on display and regularly updated, but although the occasional customer will thumb through them in a desultory way, to the majority they have now become just another stale familiarity.

This reaction is regrettable because a lot of time, effort and scarce resources are expended in producing this information and it could all be wasted if insufficient effort is given to encouraging take-up by the targeted groups.

The leaflets are displayed as part of our requirement to receive a practice allowance, but there it stops and there is no further effort to maintain public interest.

In order to achieve positive results, community pharmacists should now move from this passive display of leaflets to active campaigns on specific health education subjects. The colossal advantage of using 10,000 community pharmacies in any health promotion campaign must be sold to local health commissioning agencies, and money sought from health education or public health budgets.

Most schemes will require more than our promise to deliver, so here is yet another opportunity for local pharmaceutical committees to become involved. They could not only co-ordinate health promotion campaigns – say for one week in every two months in every pharmacy in their area – but also research the effect of these campaigns and, if successful, use the results as a basis of further co-operation with the health authorities.

Health education is also an opportunity to promote community pharmacy, because many of the products we sell will relate to a given health topic. If ignored, our leaflets will become tired irrelevancies, but if used in positive campaigns, they could provide the basis for a positive input by community

by return, at a higher cost price than I pay through the wholesaler and with the addition of a substantial administration charge!

The script has been submitted to the PPA, so expenses cannot be claimed, but it is not the money. It is the destruction of trust between members of the same profession by over-zealous introduction of market forces.

I know the NHS Trust has to balance its books, but I used to take pride in being a part of a health service co-operatively working for the benefit of the patient. The system worked well, cost nothing other than the hospital's kindness and my time. The patient was then better served than he possibly will be in the future.

# Topical Reflections



pharmacy towards 'Health of the Nation' targets, as well as, coincidentally, providing good commercial opportunities!

## Caveat emptor!

Before accountability became the buzzword of health politics, I had a co-operative relationship with my local hospital pharmacy. The occasional hiccup in the supply system could be quickly resolved by a simple phone call, with the borrowed item replaced a few days later.

Recently, I had cause to borrow an urgently-needed injectable and, as usual, I thanked the pharmacist and said I would replace it as soon as possible. This time, however, I was told I would be invoiced. Despite my puzzlement, I departed without further question. I have now received the invoice, payable

## Signs of the times

Most mefloquine is now supplied through doctors' surgeries as a nice little earner for those concerned, and recently a large notice has appeared in Superdrug, bragging about the fact that the store now stocks ibuprofen tablets.

Two unconnected events, but symptomatic of our subordination by a Government which only pays lip service to the concept of a professional pharmaceutical operation. We are great for expert free advice but, when it comes to supply, then anyone can join in.

Well, I have had enough! I know it is not always the customer's fault, but in the future when they ask for my advice after seeing the doctor for mefloquine or buying their ibuprofen at Superdrug, they will have to forgive me if I am a little short and suggest where they might best go for that advice!

## New Clearview offers improved pregnancy test

Clearview HCG II is a new improved professional pregnancy test from Unipath. It is able to detect hCG levels as low as 25mIU/ml and can be used from the first day of the missed period when maternal urinary levels are expected to have risen to 100mIU/ml. Unipath claims it is over 99 per cent accurate.

The test requires the addition of four drops of urine to the sample window. The result is visible within five minutes and, as it remains stable for up to an hour, the pharmacist need not 'stand over' the test as it develops.

Each pack, which can be stored at room temperature, contains 20 individually foil-wrapped tests and 20 plastic pipettes.

Unipath also provides pharmacists with support material: triplicate request and result pads; a folder for storing the pharmacist's copy; a window sticker to advertise the service; a customised plastic tray to hold up to five tests; a technical guide to Clearview HCG II; customer advice leaflets; customer information leaflets; and a direct advice line (01234 328656).

**Unipath Ltd. Tel: 01234 347161.**

## High fall-out rates for antihypertensives

A large-scale study to assess the incidence of discontinuation of, and changes in, treatment after newly-prescribed courses of antihypertensives has found low rates of continuation.

Using retrospective analysis of patients on a data base, researchers identified over 10,000 people who had a new course of treatment in at least one of four therapeutic classes (ACE inhibitors, diuretics, beta-blockers and calcium channel blockers).

Up to half of the new courses of treatment studied were changed or discontinued within six months. Over 96 per cent of these changes involved substitution or switching to drugs outside the therapeutic class of the original antihypertensive.

Many physicians recommended an orderly step by step approach to treatment, with diuretics and beta-blockers preferred over calcium channel blockers or ACE inhibitors, except in specific patient groups. However, in practice, there was a more 'chaotic' pattern, as 40 per cent of those taking diuretics changed to a beta blocker.

The authors say that patients may be stopping treatment early because of side-effects rather than poor efficacy. Poor compliance with antihypertensive therapy can lead to further complications, such as congestive heart failure and renal disease. Therefore, further research is needed to establish why so many patients discontinue therapy.

## Protocol required for GORD management

GPs follow a wide range of treatment options for patients presenting with gastro-oesophageal reflux disease (GORD), often switching therapies within 30 days of the first consultation, and there seems to be no rationale underlying this diversity. These were the main findings of a study published in the *British Journal of Medical Economics*.

The audit of GORD management found that the wide variations in treatment in the Humber-side region were primarily due to changing treatment at the second consultation. In addition, patients were often switched at this point to combination therapies, which

were found to be the most expensive way of treating GORD.

Although alginates were broadly prescribed, there was a wide range of doses, some of them below the minimum recommended. Overall, there appeared to be no clear correlation between the dosage and the assessed severity of symptoms.

The number of treatment pathways was also expanded by the inclusion of investigations such as endoscopy and barium studies. Endoscopy was used to confirm suspected oesophagitis. Barium studies should be used when the physician wants to rule out more serious pathologies.

## Passive smoking linked to childhood illness

Environmental tobacco smoke is an important preventable cause of early childhood respiratory morbidity, concludes a study in *The Lancet*.

Most previous studies of the topic assessed a child's exposure through interviews with parents. However, increased awareness of the dangers of passive smoking may lead to parents lying about their behaviour. Greek researchers carrying out this study addressed the problem by measuring urinary cotinine levels in children.

Over 500 children, aged one to five, were randomly selected from an out-patient clinic and

classified as exposed or non-exposed to tobacco smoke. Exposed children were 3.5 times more likely to have had increased respiratory morbidity than non-exposed. The risk was increased for both upper and lower respiratory morbidity, although the number of children with increased lower respiratory morbidity was felt too small to be significant.

The authors suggest that the upper respiratory tract may be more sensitive to tobacco smoke, as direct exposure induces cellular alterations in the production of mucus, which predisposes to frequent illness.

### SCRIPT SPECIALS

## Evans transfers products to Norton

Responsibility for the sales, marketing and distribution of the following products from Evans Medical has been transferred to H N Norton & Co:

Amyl Nitrite Vitrellae 0.2ml x 12; Calciferol High Strength tablets x 100; Calciferol Strong 1.25mg tablets x 100; Colchicine 500mcg tablets x 100; Digitoxin 100mcg tablets x 250; Ergometrine 500mcg tablets x 100.

Ethinylestradiol 2mcg tablets x 100 (sold against a 'Specials' licence only); Ethinylestradiol 1mg tablets x 100; Ethinylestradiol 10mcg tablets x 100; Ethinylestradiol 50mcg tablets x 100.

Isoniazid 50mg tablets x 250; Isoniazid 100mg tablets x 100; Methionine 250mg tablets x 250; Potassium Effervescent tablets x 100; Propylthiouracil 50mg tablets x 100.

Thyroxine BP 25mcg tablets x 500; Thyroxine BP 50mcg tablets x 1,000; Thyroxine BP 100mcg tablets x 1,000; Triclofos Elixir x 100ml; and Triclofos Elixir x 2 litres.

Any orders for these products remaining with Evans after July 31 have been transferred to Norton. There will be no immediate change in the appearance of these products, which will continue to be marketed under existing product licences with Norton as distributor.

The address for all subsequent orders is:

**Customer Services Department, H N Norton & Co, Lovett Road, Pinnacles, Harlow, Essex CM19 5TB. Freefone 0800 451600.**

## Villescon gone

Boehringer Ingelheim is discontinuing Villescon when current stocks are exhausted.

**Boehringer Ingelheim Ltd. Tel: 01344 424600.**

## Synkavit changes

Synkavit tablets will no longer be available in branded form, but will be available as the generic, menadiol sodium diphosphate. Although the pack size and PIP codes remain unchanged, the price of 100 tablets has increased from £4.64-£9.28.

**Cambridge Laboratories. Tel: 0191 261 5950.**

## CP clotrimazole cream

CP has launched clotrimazole cream 1 per cent with a basic NHS price for a 20g tube of £1.95.

**CP Pharmaceuticals Ltd. Tel: 01978 661261.**

## Discontinuations

Evans Medical has discontinued the following products: amyl nitrite vitrellae 0.3ml x 12; garlic capsules (odourless) x 60; and multivitamins plus iron capsules x 60. No stock remains and all back orders have been cancelled.

**Evans Medical. Tel: 01372 364000.**

## Salazopyrin Enemas

Pharmacia advises that Salazopyrin Enemas are again available. The container has been changed and the nozzle is now screwed onto the bottle by the patient. The new packs carry a sticker: 'New bottle design'.

**Pharmacia Ltd. Tel: 01908 661110.**

# “The only thing I change more than my antiperspirant is my blouse.”

## What if you couldn't find an antiperspirant that worked?

What if you went on sweating so much that before the day was out you needed a change of clothing? As a recent Gallup survey revealed, this is the reality for a surprising number of people. Clinically the condition is known as hyperhidrosis and is linked to a fault in the body's internal thermostat. You may not have heard of it because it's a problem that sufferers generally keep to themselves, never imagining that help was available.

### Excessive perspiration

**is a serious business.** Gallup found that 10% of women suffer embarrassment because of it and a further 11% are frequently forced to change clothes or cover up. The level of dissatisfaction with existing antiperspirants might also surprise you. As many as 26% of all women asked

were interested in buying 'a new product successfully used by doctors' – if it became available from their pharmacist. This is your opportunity to help them.

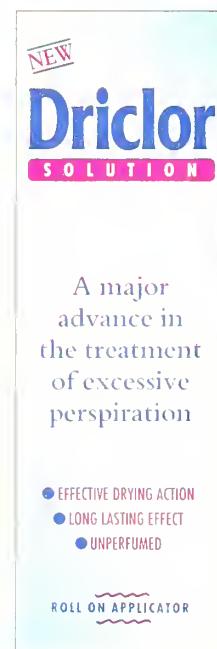
### The treatment is Driclor

**Solution**, a specialist antiperspirant which was until recently only available on prescription. Now licensed as a pharmacy only product it is poised to help you reach a seriously large, and as yet unsatisfied, new market. New Driclor Solution is presented in a roll-on applicator and is designed to be

applied to affected areas nightly.

The effects are long-lasting and so with time the number of applications can be reduced to 2 or 3 times a week, eventually less.

New Driclor Solution is **ready** to bring fresh confidence to the lives of thousands who, until now, never knew anyone cared. Will they find it in your pharmacy?



A major advance in the treatment of excessive perspiration

- EFFECTIVE DRYING ACTION
- LONG LASTING EFFECT
- UNPERFUMED

ROLL ON APPLICATOR

Pharmacy only  
clinical antiperspirant

**Presentation:** Solution. **Active ingredients:** Aluminium Chloride Hexahydrate USP 20% w/w. **Uses:** Driclor is indicated for the treatment of hyperhidrosis (excessive perspiration) thing at night after drying the affected areas carefully. Wash off in the morning. Do not re-apply the product during the day. Initially the product may be applied each night until sweating stops during the day. Frequency of application may then be reduced to twice a week or less. **Contra-indications, warnings etc:** Ensure that the affected areas are completely dry before application. Do not apply Driclor to broken, irritated, or recently shaved skin. Do not apply Driclor to the eyes. Do not apply Driclor to the genital area. Do not apply Driclor to the axilla (armpit) for at least one hour of bathing. Driclor may cause irritation which may be alleviated by the use of a weak, corticosteroid cream. Avoid contact with the eyes. There are no restrictions on the use of Driclor during pregnancy or lactation. Avoid contact with clothing and polished metal surfaces. **Product Licence Number:** 0174/0044. **Pack size and Retail Selling Price:** 30ml bottle, £4.45. **Legal category:** P. **Date of preparation:** March 1995. Stiefel Laboratories (UK) Ltd, Holtspur Lane, Watford Green, High Wycombe, Bucks HP11 1LJ.

# PARACODOL®



WIN A NEW  
SUMMER  
WARDROBE  
WITH  
PARACODOL  
AND BURTON  
GROUP

**PARACODOL** is the answer for fast, effective pain relief.

Now Pharmacy Assistants can enter the **PARACODOL** "Win a Summer Wardrobe" competition and win one of 100 fantastic Burton's Group Gift Vouchers worth £50!

Ask your Roche representative for an Entry Form and Competition details.

Closing date for entries is August 31st 1995.



Pain can't hide  
from **PARACODOL**.

Roche

Roche Consumer Health

Please seek the permission of your employer before you enter. The winners will be selected for the Tiebreaker lines that reflect the best understanding of Paracodol. Only one entry per person. Prize winners will be notified in writing by September 15th 1995. Prize winners' details can be obtained by sending a stamped addressed envelope to Paracodol Competition, Roche Consumer Health, BDS, 1 Richmond Mews, London, W1V 5AG. No cash alternative.

## It's good to talk with Nurofen

Nurofen is introducing the first pharmacy assistant training helpline - and it's free.

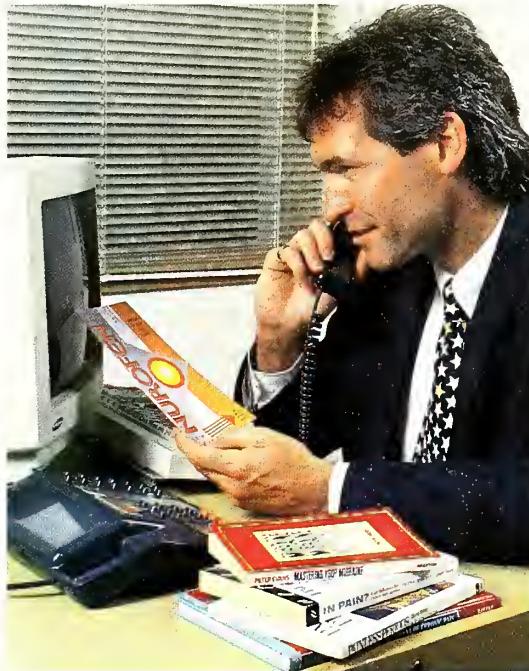
The 24-hour training facility uses touch-tone or voice recognition to allow the assistant to participate in a simulation of a customer entering a pharmacy seeking relief from a painful condition.

The number to call (from mid-August) will be: 0500 100789.

The line prompts the caller to pose the 2WHAM questions, and, after each, gives the assistant options on the course of action that should be taken. The number of right or wrong answers will determine the follow-up training materials forwarded to the caller. The caller will also be invited to leave their details to participate in a free draw.

● The Nurofen Advisory Service goes 24-hour with the introduction of its round the clock, automated consumer helpline.

Advising consumers on a range of painful conditions and the safe



use of analgesics, media doctor Hilary Jones is the voice of the helplines.

The following topics will be covered by the lines, which are charged at a non-premium rate (ie a five-minute call will cost around \$0.50 during the day, \$0.20 at weekends):

**Puzzled By Periods & Period Pain - 0171 617**

**0811.**  
**Period Pain - 0171 617**  
**0812.**  
**Tension Headache - 0171 617 0813.**  
**Tips for Managing Migraine - 0171 617 0814.**  
**Battling with Back Pain - 0171 617 0815.**  
**Sports Injury - 0171 617 0816.**  
**Worried about Painkillers - 0171 617 0817.**

## Crookes joins GSL ibuprofen bandwagon

Crookes has confirmed it plans to launch a GSL version of Nurofen.

While the company states that it did not actively seek the recent switch of ibuprofen to GSL status (as instigated by Galpharm), it believes "it would be wrong to deny consumers who wish to self-select in a wider range of outlets".

Crookes is therefore making a 12-pack of Nurofen available GSL, subject to receiving the necessary MCA licence.

**Crookes Healthcare Ltd. Tel: 0115 9507431.**

## Nytol goes single dose

Stafford-Miller has introduced Nytol One-a-Night, a single-tablet 50mg dose of Nytol's active ingredient, diphenhydramine.

Nytol One-a-Night comes in an easy to stack display tray of six packs, each containing 16 blister-wrapped tablets, priced at \$3.59. There is also an in-pack leaflet, discussing ingredients, dosage, contraindications and when to refer to a GP.

The One-a-Night launch is to be supported with a national TV campaign which breaks on Monday.

**Stafford-Miller Ltd. Tel: 01707 331001.**

## Liquid mineral combo

A new Floradix liquid calcium and magnesium supplement will be available this September from Salus and promises no chalky aftertaste. The formulation also contains zinc and vitamin D.

**Target groups for the supplement include: pregnant and breast-feeding women, athletes, young people and children.**

A 250ml bottle retails at £6.99. Salus is running a special introductory 10 per cent discount in September, October and November.

**Salus (UK) Ltd. Tel: 01925 825679.**

## Girl guides

Seven Seas has produced a series of nutritional guides for women.

Compiled by Dr Sarah Brewer, an expert on nutrition, the booklets examine the specific dietary requirements for teenagers, women in their reproductive years and women over 40 (and recommend suitable supplements where appropriate).

Free copies of these guides are available to pharmacists by contacting:

**Carey Blyton. Tel: 0171 830 8412.**

## Good health!

Healthcrafts is stepping up its educational campaign - Solution Selling - with the launch of a new range leaflet.

Entitled 'Helping To Maintain Your Good Health', the leaflet contains information on the role of dietary supplements, vitamins and minerals. It also includes a chart detailing the Healthcrafts' range and the areas of health that each product can help to maintain (eg digestion, hair, nails etc). **Ferrosan Healthcare Ltd. Tel: 01932 336366.**

## S&N chooses the Wright way to go!



Wright's Traditional Coal Tar Soap is being relaunched this summer with new packaging to communicate the key benefits of the 130-year-old brand.

The soap is now highlighted on pack as "soothing, cleansing and

antiseptic for everyday freshness".

The pack comes in a darker shade of orange with a matt finish. Single 125g packs retail at \$0.55 and twin packs at \$0.89.

**Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.**

## Nappy days are here for Numark

Numark is relaunching its own-brand nappies with a more advanced specification and additional features.

The new Numark Ultra Dry Nappy range is available in four sizes - Newborn, Midi, Maxi and Junior. The nappies are packaged in compact bags with clear, strong handles to make them easier to carry.

They have elasticated inner leg cuffs, elasticated

legs and a leakage control shield, resealable tapes and an adjustable waistband.

The range retails at \$3.19-\$3.99, depending on the pack size.

To support the relaunch, Numark shareholders will receive a free trial pack of 20 Maxi nappies for consumer trial when they order one pack of each variant.

**Numark Ltd. Tel: 01827 69269.**

## Healthy prices

Prima Health Products is offering double the number of its evening primrose oil, cod liver oil and odourless garlic capsules per tub, but keeping the same prices.

**Prima Health Products Ltd.** Tel: 0161 969 8948.

## Boots' Results

Another hair care exclusive for Boots is professional hairdresser Charles Worthington's new range, Results. The 11 sku line-up has recently been launched into 450 Boots' stores.

## Vantage hots up

Vantage is offering discounts of 15 per cent on three or more outers of its single- and double-ribbed hot water bottles until the end of August.

**AAH Pharmaceuticals Ltd.** Tel: 01928 717070.

## Hand in glove

A new range of Marigold gloves is currently being supported by a £500,000 press campaign. The two new gloves - Marigold Kitchen Extra Life and Marigold Bathroom - both retail at £1.19.

**LRC Products Ltd.** Tel: 01992 451111.

## Golden opportunity

Granovita is now distributing Organically Grown Golden Linseed. A 500g box retails at £3.85.

**Granovita UK Ltd.** Tel: 01933 272440.

## Watch those rays

Sunwatch II (£39.95) is a new gadget which measures the strength of UVB rays and counts down the time they can safely spend in the sun. An alarm sounds when the time is up.

**Trade Link International.** Tel: 01494 452320.

## Hipp, Hipp hooray

Hipp Organic Baby Foods is currently being supported by a £1 million advertising and promotional campaign. It includes ads in all the major mother and baby publications.

**Hipp Nutrition UK Ltd.** Tel: 01635 528250.

# Wilkinson Sword caters for Extra II sensitive types



Wilkinson Sword is introducing a sensitive variant to its Extra II disposable razor range.

Extra II Sensitive uses a patented aloe vera and vitamin E lubrastrip,

which the company says is kinder to skin.

Its launch is being supported by £500,000 of press advertising and a promotional and sampling campaign.

Available from mid-August, Extra II Sensitive will retail at £1.49 for five and £2.79 for ten.

**Wilkinson Sword Ltd.** Tel: 01494 533300.

## Rimmel colour 24 hours a day

The continuing demand for 2 in 1 products has triggered Rimmel to launch its Day To Night cosmetics collection.

The range comprises seven basic, neutral shades that can be dressed up with seven toning pearlised shades to create a more dramatic, evening look.

The Day To Night Eyeshadow will retail (from September) at £2.35 and comes in four colourways (grey, brown, heather and natural).

The Day To Night Blush will retail at £2.95 and introduces three new shadowways (bronze, blush and amber tones).

Range packaging features a new sun, moon and stars logo.

The launch will be supported by advertising which depicts a model metamorphosing into a butterfly.

**Rimmel International Ltd.** Tel: 01233 625076.

## Get organised and motor ahead with Boss' Christmas gift sets

Christmas gifts in the Boss fragrance this year include a 50ml eau de toilette and personal organiser set (£25).

Available from October, a second set (with the same price) comprises a 50ml eau de toilette with a remote-controlled Lamborghini

model car.

In the Boss Elements fragrance, a copper gift box contains a 30ml eau de toilette spray, 30ml shower gel, 30ml after shave balm and 40ml deo stick. It will retail at £9.95.

**Giorgio Beverly Hills Ltd.** Tel: 0171 495 2121.

## Treat your body

New to the Potter & Moore Essentials Fragrance Therapies range is a body gel.

Available in four fragrances (refreshing, soothing, calming and revitalising), the gel has a high moisturising formulation which contains lemon oil and ylang-ylang, as well as hyaluronic acid.

Packaged in a clear, gold-topped jar, the gel retails at £4.95 for 200ml.

**Potter & Moore Ltd.** Tel: 01733 281000.

## Black out

For Christmas, Network Management has smartened up its Noir men's fragrance range with a new livery.

Black matt and gloss finishes, with scripted white graphics now embolden packs.

The gift set features photography of the collection on the reverse of the pack and combines a 50ml after shave and a 150ml body spray (£9.95).

**Network Management Ltd.** Tel: 01252 29911.

## Razzle dazzle them!

Barry M has repackaged the display unit for its number one, all in one makeup range, Natural Dazzle.

The new merchandiser comes with an explanatory header board and measures 12 x 9in. The unit holds six Natural Dazzle powders, six Natural Dazzle Compacts and six five in one brushes. Free consumer leaflets, testers and a colour poster are also included.

**Barry M Cosmetics Ltd.** Tel: 0181 349 2992.

## Body sprays for the chop

Miners International has introduced deodorant body sprays for men in the Kai Karate, Censored and Burley fragrances.

Retailing at £1.49 for 150ml, they were initially available only through Superdrug. A roll-out to independents is now taking place.

**Miners International Ltd.** Tel: 01276 685898.

## Colgate for kids

Colgate is boosting the children's toothbrush sector with the introduction of two new products.

My First Colgate is designed to introduce babies and small children to toothbrushing. It has an extra wide handle and a small, tapered head. The extra-soft bristles have rounder ends to gently care for teeth and protect gums. A special blue dot acts as a measure for the correct amount of toothpaste.

Available in four bright colours with a choice of designs on the handle, it has an RSP of £1.79.

Superstar toothbrush (also £1.79) has an angled neck and again comes in a range of colours.

Colgate says that the children's toothbrush sector accounts for 11 per cent of the £88 million total toothbrush market.

**Colgate-Palmolive Ltd.** Tel: 01483 30222.

# NOW YOU CAN OFFER ASTHMA SUFFERERS MORE THAN JUST SYMPATHY.



**Until now, the 3,000,000 asthmatics in this country  
who become short of breath, have also been short  
of genuine non-prescriptive help.**

That's because most asthma products treat the symptoms, rather than attack the cause of this distressing – and increasingly more common – chronic condition.

Now for the first time ever you can offer them genuine relief in the combined form of 2 new products. Used together the sprays neutralise the house dust mite and immobilise the allergens (particularly Der p1) which cause asthma, allowing the sufferer to breath easier.

And, in doing so, they also relieve the pain and discomfort of other allergen-related complaints such as eczema and rhinitis, that afflict another 9,000,000 people.

Which makes Household Allergen and Dust Mite Control sprays well worth stocking.

To place an order, contact our Customer Service Department on 01427 810231 (Fax: 01427 810837).

**GIVING ASTHMA SUFFERERS A LITTLE BREATHING SPACE**

Independent medical entomology research has proven Household Allergen and Dust Mite Control's formulations are a significant breakthrough in asthma control.

# SECTO

# Macleans takes off on TV

Smithkline Beecham is backing its Macleans toothpaste and mouthwash brands with a new £8 million space age TV advertising campaign.

There are three different advertisements – which run from now until November – focusing on different

products: Macleans Whitening Toothpaste, Macleans Active Mouth Guard and Macleans Mouth Guard for Sensitive Teeth. They all have a futuristic theme and are set on a space ship.

**Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.**

## Snap up a Fuji Quicksnap

Fujifilm has produced a floor-standing unit.

The units display 20 Fujicolor Quicksnaps and 20 Quicksnap Flash

cameras, and also offer customers \$1 off D&P with each camera.  
**Fuji Photo Film (UK) Ltd. Tel: 0171 586 5900.**

## A certain Cachet

Cachet is celebrating its 25th birthday with a repack.

Tones of cream and peach are complemented by a powdered purple, with gift packs now featuring photography of

the collection on their reverse.

Cachet's seasonal gift set (£8.50) combines a 30ml eau de toilette with a deo perfume spray.  
**Network Management Ltd. Tel: 01252 29911.**

## ON TV NEXT WEEK

**Beckmann Stain Devils:** GMTV

**Colgate Total:** All areas

**Colour Direct:** U

**Dove Bar:** All areas

**Fujicolor Super G Film:** All areas

**Imperial Leather Extra Care:** All areas

**Johnson's Baby Lotion:** All areas

**Just For Men:** All areas

**Matey Bubble Bath:** C4 & satellite

**Mum Deodorant:** All areas except B, CTV, W, GMTV

**Neat Feat:** C, A, HTV, W, M, CAR, C4, GMTV

**Nurofen:** All areas

**Nytol One-A-Night:** All areas except LWT & GMTV

**Odor Eaters, Insoles:** GTV, STV, B, G, C4

**Oz Descaler:** GMTV

**Palmolive 2-in-1:** All areas

**Poli-Grip Fresh Denture Cream:** All areas

**Slim Fast:** All areas

**Wella Liquid Hair:** GTV, U, A, HTV, W, M, C4

**Wisdom Contour:** All areas

**VO5 Plus, Hots, Styling:** All areas

**GT** Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

## Numark in a tight situation

Numark has appointed Golden Lady to supply its tights and stockings.

Shareholders will be offered seven hosiery ranges and a free on-loan merchandising unit.

As an introductory offer, the company will be giving away a free case of Elegance 20 Denier Glossy Tights worth £15.90 when one case of each of the range is ordered. The offer closes October 31.  
**Numark Ltd. Tel: 01827 69269.**

## Time for Tum Tum TV

Smithkline Beecham is supporting Setlers Tums and Milk of Magnesia with nationwide television campaigns.

Setlers Tums will have a series of ten- and 30-second ads, which will run from now until September in a campaign worth £1.5 million.

Milk of Magnesia is also back on TV again with the 'Brandy Glass' ad, which is on air until the end of the summer.  
**Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.**

## Lemsip flips lid

Lemsip packs are taking on a new look this winter.

The original landscape packet has been changed to an upright portrait style, incorporating a flip-top opening mechanism. This has a perforated seal, making it tamper-proof and more durable.

The sachets have been laser-etched to make them tear more easily.

The back of the pack is now divided into sections and illustrated with symbols to help consumers differentiate between Lemsip products.

**Reckitt & Colman Products. Tel: 01482 326151.**

## Victim of its own success?

Continuing *Chemist & Druggist's* monthly market overview, provided by IMS Self-Medication, Louise Thornton takes a look at the smoking cessation market in the UK

Latest data shows the smoking cessation market still in decline, currently 15 per cent down in value at £26.5 million compared to sales a year ago (MAT May/June '94 versus MAT May/June '95). Despite this decline, smoking cessation is still the tenth-largest market in pharmacy (in value terms) within the health and beauty sector.

Two major sectors dominate the market: patches, worth £14.6m, account for 55 per cent. The remaining £11.9m (45 per cent) is mainly gum, which takes 42 per

cent of the whole. Other smaller products, including Nicobrevin and Stoppers, claim the remaining 3 per cent.

Pharmacia is market leader, competing in both patches and gum.

The overall market decline has been caused by the decline in the patch sector, which has fallen by 28 per cent over the last year. Gum, on the other hand, has grown by 8 per cent for the same period. Dominated by Pharmacia's Nicorette gum, it has seen strong year on year growth on both the mint and plus range.

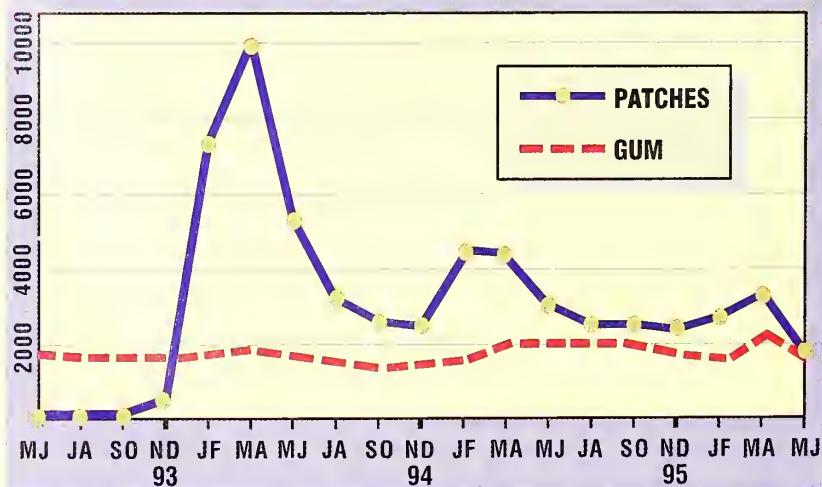
Zyma, the other major player in this market, has only competed in patches, where it leads, with a 55 per cent share. However, the company has now launched a three-day trial size Nicotinell patch and has also moved into the growing gum sector with Nicotinell Gum.

One other recent entrant is Chefarol with Logado – an aromatic pocket inhaler.

It is too early to assess the impact of these launches on the market.

All values are at *rsp* MAT May/June, Nielsen Retail Audit 1995.

### SMOKING CESSION MARKET PHARMACIES - EXCLUDING BOOTS - SALES (£000)



# Very tasty.

nicotinell  
original chewing gum

nicotinell  
original chewing gum

Nicotine gum to help you give up smoking

nicotinell  
mint chewing gum

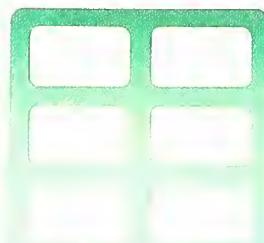
nicotinell  
mint chewing gum

Nicotine gum to help you give up smoking

24 pieces of original flavour chewing gum



24 pieces of mint flavour chewing gum



# Very tasty indeed.



roducing new Nicotinell Gum. A nicotine gum specially created to give smokers a taste for quitting. Available in great tasting Original and mint, in handy packs of 24 or 96. Furthermore,

we'll be supporting its launch with a massive £1.8 million press and PR campaign. So stock up now. Meanwhile, here's something to chew over – what will you do with all those tasty profits?

NICOTINELL IS A REGISTERED TRADEMARK

**SENTATION:** Oblong, buff coloured chewing gum. Each piece contains 2mg of nicotine. Nicotinell Chewing Gum is available in original or mint flavour. **Indication:** Treatment of nicotine dependence as an aid to smoking cessation. **Dosage:** Stop smoking completely when starting treatment piece of Nicotinell gum to be chewed when the user feels the urge to smoke. Usual dosage is 8-12 pieces per day, up to a maximum of 15 pieces per day. After three months usage should be progressively reduced until stopped completely. **Not to be used by children.** **Contraindications:** smokers, children. As with smoking, Nicotinell Gum is contraindicated during pregnancy and lactation, acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, and recent cerebrovascular accident. **Precautions:** Patients with gastritis, peptic ulcer, hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment. **Keep out of the reach of children at all times.** **Side effects:** Increased salivation, slight throat irritation, tingling, indigestion, heartburn. **Legal category:** P. **Packs:** NICOTINELL ORIGINAL CHEWING GUM 2mg (PL0001/0195) in packs of 24 and 96 (Trade Price 24s - £2.57, 96s - £7.70, Retail Price 24s - £4.50, 96s - £13.50) NICOTINELL MINT CHEWING GUM 2mg (PL0001/0197) in 24 and 96 (Trade Price 24s - £2.57, 96s - £7.70, Retail Price 24s - £4.50, 96s - £13.50). **PL Holder:** Ciba-Geigy plc, Macclesfield SK10 2AX. Further information is available from Zyma Healthcare, Holmwood RNS 4NU. **Date of preparation:** 1 June 1995

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# *Europharm Group*

## **146 PRICE REDUCTIONS**

**REGULAR AND COMPREHENSIVE SPECIAL OFFERS  
REGULAR REP VISITS  
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DISCOUNT**

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**EUROPHARM NORTHEAST BD TELESALES CALL 0800 590102  
DELIVERIES**

**CAVENDISH NORTHWEST BD TELESALES CALL 0800 220252  
DELIVERIES**

**EUROPHARM OD OR BD TELESALES CALL 0800 525381  
TELESALES FAX 01903 216008**

## Drugs and the elderly

The first in a two-part series examines the drug handling factors which should be considered in elderly prescribing

## Haemorrhoids

A very common OTC problem can be successfully treated in a variety of ways. Trudy Thomas shows you how

# Help the aged

**In the first of a two-part series examining drugs and the elderly, John Quinn, research pharmacist at the School of Pharmacy, outlines the pharmacokinetic and pharmacodynamic complexities that have to be considered**

**T**he elderly (those over 65 years of age) account for approximately 15 per cent of the population in the UK. As patients they tend to have multiple disease states and are therefore more likely to need more drug treatments. Indeed, they are the largest consumers of drugs in the UK.

Ageing leads to altered handling of drugs, in addition to polypharmacy which leads to increased risk of drug interaction and adverse drug reactions. A knowledge of the process of drug handling in older patients, and drugs that can cause problems can help pharmacists contribute to the caring process.

Care of the elderly in medicine is seen to be unglamorous, but it is an area where pharmacists' expertise – both in the knowledge of

drugs and in helping with adherence to therapy – can contribute a great deal to this patient population's needs.

### Pharmacokinetics

Changes in physiology can lead to changes in the pharmacokinetics of drugs in the elderly.

**Absorption** There are changes in the gastrointestinal tract that may lead to theoretical changes in drug absorption. However, in reality, this tends to be similar to that of the general population.

**Distribution** Physiological changes may lead to changes in the drug apparent volume of distribution ( $V_d$ ), which may require a reduction of the dose required. Such changes are:

- reduction in total body size
- reduction in lean body mass
- reduction in total body water
- reduction in plasma albumin
- increase in total body fat.

This increase in total body fat and decrease in body water can be important when you have either highly water-soluble drugs or highly lipid-soluble drugs.

In the elderly, the  $V_d$  is reduced, therefore smaller doses are required when a

*Continued on P11*



Continued from PI

loading dose is given and smaller maintenance doses are required (also see later, renal clearance). For example, digoxin is a highly water-soluble drug with a large Vd.

Highly lipid-soluble drugs will be preferentially taken into the fat compartment of the body, which may lead to an increased half-life of the drug (assuming clearance remains the same), hence an increased effect or toxicity and reduction in the dose may be required, eg diazepam.

The reduction in plasma albumin can lead to important changes in the way albumin-bound drugs are handled in elderly patients. A drug's activity depends on the amount of free drug available. If there is less albumin for the drug to bind to, then there is more free drug, which may lead to an increase in the effect of the drug or the toxicity. Some examples:

- diazepam leads to increased sedation
- warfarin leads to increased anti-coagulation, hence bleeding
- phenytoin leads to increased toxicity.

**Metabolism** The major organ of metabolism is the liver. Liver mass and hepatic blood flow decreases as we get older. A reduction in metabolism within the elderly population can be shown, therefore drugs that are metabolised in the liver may require smaller doses.

The changes in liver function differ from patient to patient and from drug to drug, hence it is difficult to predict problems.

**Excretion** The kidney is the major excretory organ in the



body which, like the liver, also undergoes changes as we get older:

- decrease in glomerular filtration rate
- decrease in renal plasma flow
- decrease in renal tubular function.

Again, there is a large inter-patient variability and each patient should be treated individually. Drugs that may cause potentially serious problems are listed in Table 1.

### Pharmacodynamics

These are the molecular or cellular responses to drugs. Pharmacodynamic changes in the elderly can be manifest in either the reduction in maintenance of homeostatic reserve or with changes at receptor/target sites.

**Reduced homeostatic reserve**  
This is the ability of the body to initiate mechanisms that balance the effects that drugs may have on homeostatic balance.

- Postural control. Postural stability is a complex function

mediated by dopamine receptors in the brain, affected by sedatives and hypnotics.

- Orthostatic circulatory responses, the moving from the sitting position to the upright position, is controlled by arterio/vaso-constriction and heart rate. These mechanisms are damped in the elderly.

Drugs may make this effect more pronounced (see Box 1).

- Thermoregulation is less responsive in the elderly population. Drugs which may impair this further are: phenothiazines, benzodiazepines, tricyclic antidepressants, opioids and alcohol.

- Cognitive function: drug-induced impairment of cognitive function can be profound in the elderly and may lower quality of life. Many drugs cause confusion in the elderly, eg anti-cholinergics, hypnotics, beta-blockers and H2-antagonists (remember their OTC status).

- Visceral function: constipation is a major problem in the older patient due to a decrease in gastrointestinal motility. Drugs which may cause constipation are anticholinergics, tricyclic antidepressants, antihistamines and opioids. Urinary retention is a problem mainly suffered in the elderly male population, which may be aggravated by the use of anti-cholinergics.

#### Changes at the receptor/target

**site** This area is a complex one where definitive answers are hard to get and are often unknown or only partly known. Two important receptor site changes in the elderly that are known of are:

- benzodiazepines – elderly patients are more sensitive to the effects of these drugs than younger ones, although the mechanism is unknown
- warfarin – there is a raised sensitivity to this drug increasing the risk of bleeding in the elderly population. Again, the exact mechanism is unknown.

### Adverse reactions

Drug-related admissions of elderly patients to hospital may account for 10-30 per cent of all admissions<sup>1</sup>. If we know the mechanisms that make this group of patients susceptible, then why is this statistic so high?

One reason is that elderly

### Box 1: hypotensive drugs

Antihypertensives  
Tricyclic antidepressants  
Phenothiazines  
Some butyryphenones  
Barbiturates  
Benzodiazepines  
Antihistamines  
Anti-Parkinson drugs

patients suffer from multiple disease states, leading to polypharmacy. A *Drug and Therapeutics Bulletin's* survey of elderly patients and their drug use<sup>2</sup> indicated that the average number of drugs prescribed per patient was 2.8 (this does not include OTC medications). The most commonly-prescribed conditions are listed in Box 2. Box 3 lists the most commonly-used drugs.

Lindley *et al*<sup>3</sup> found in their population study of drug-related hospital admissions of elderly patients that 50 per cent of adverse drug reactions were attributable to inappropriate prescribing. This was taken as drugs that were either unnecessary or those that had absolute contra-indications.

Tulley<sup>1</sup> agreed with this

Continued on PIV

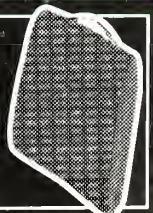
**Table 1: problems associated with excretion**

Drug	Problems (and how they manifest)
Lithium	Renal toxicity (weight gain, lethargy, nausea, vomiting); CNS toxicity (drowsiness, giddiness, lack of co-ordination, convulsions); muscle weakness; blurred vision; GI disturbances (vomiting, diarrhoea)
Digoxin	Cardiac toxicity (low or high pulse, palpitations); confusion, nausea, vomiting
Cimetidine	Sedation, gynaecomastia, confusion
Tetracyclines	Renal toxicity (as above)

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# IMPORTANT ANNOUNCEMENT

## *Gamolenic Acid*

Some pharmacists may not be aware of the recently published decision of the Council of the Royal Pharmaceutical Society of Great Britain which adopted the recommendation of the Law and Ethics Policy Committee. A pharmacist who receives a prescription for a product which is available both as a licensed medicinal product and as a food supplement, must dispense the licensed product in preference to the food supplement.

The only licensed medicinal forms of gamolenic acid available for dispensing are Efamast, Epogam and Epogam Paediatric.



Further information on Efamast and Epogam is available from the Medical Information Department on  
Tel: 01494 521124. Fax: 01494 536860

Reference: Pharmaceutical Journal 1995;234:838

**SEARLE** Searle, P.O. Box 53, Lane End Road, High Wycombe, Buckinghamshire HP12 4HL.  
Efamast and Epogam are registered trade marks of Scotia pharmaceuticals. Searle is a registered trade mark.

## Box 2: commonly prescribed conditions

**Heart and circulation** – 32 per cent  
**Central nervous system** – 24 per cent  
**Musculoskeletal/joint** – 10 per cent  
**Gastrointestinal** – 8 per cent  
**Respiratory** – 7 per cent

## Box 3: most prescribed drugs

In decreasing order of frequency:  
 Diuretics  
 Analgesics  
 Hypnotics  
 Sedatives/anxiolytics  
 Anti-rheumatics  
 Beta-blockers

Continued from *Part I*

view and said that some of this maybe due to repeat prescribing. For instance, a large proportion (30 per cent) of patients taking hypnotics, sedatives and anxiolytics had not seen their doctor for more than a year.

## Inappropriate use

The *Drug and Therapeutics Bulletin*<sup>2</sup> described inappropriate use in its study as inappropriate dosage, questionable need for the drug and, in a small percentage of cases, duplication of therapies.

Drug to drug interactions, combined with patients taking large multiple drug therapies, do occur, but have been shown to be important in only a few cases<sup>3</sup>:

- inappropriate use of diuretics can lead to postural hypotension, falls, incontinence, renal and electrolyte imbalance
- digoxin is often inappropriately prescribed for patients in sinus rhythm without heart failure or those with slow atrial fibrillation. Digoxin toxicity can lead to confusion, nausea and vomiting, and heart rhythm disturbances
- non-steroidal anti-inflammatory drugs (NSAIDs) cause both gastrointestinal and renal toxic effects in the elderly. Consideration must be given to whether their pain could be controlled on a simpler analgesic, such as paracetamol or co-dydramol. Many patients with osteoarthritis, which only has a small inflammatory component, find this gives them adequate pain relief
- sedatives/anxiolytics

should be reviewed regularly for necessity. The elderly are more at risk of hangover effects, postural instability and mental performance impairment when taking these drugs. Drugs with a short half-life are less problematic.

How can you identify elderly patients who present with an adverse drug reaction?

## Spotting reactions

The presentation of symptoms in older patients with adverse drug reaction is often insidious and non-specific. There are four major symptoms:

- mental confusion is generally thought part of old age, which of course it may be. But when an elderly patient presents to us we must consider whether the confusion is a part of this process or if other causes, such as drugs, are to blame. Drug-related confusion should always be expected, especially when the confusion happens unexpectedly
- falls due to postural hypotension, confusion or instability. Since falls may lead to fractures, these should be prevented if at all possible
- shortness of breath due to worsening heart failure or respiratory disease. Drugs may make these conditions worse or contribute to their development
- constipation – GI motility decreases with age and drugs that further reduce gastric motility can precipitate constipation.

Table 2 gives examples of each of these categories (the list is not exhaustive).

## Summary

With such a high incidence of adverse drug reactions in the elderly, there is a role for the community pharmacist to

help in reducing this and increasing quality of life. Using the principles of drug handling of the elderly and knowing which symptoms to look for may allow this to be achieved.

Remember when monitoring prescriptions in this group, ask yourself:

- is the drug indicated?
- is the dose too high?
- has the patient's condition changed, requiring stopping the treatment or dosage adjustment? Review – but beware of repeat prescriptions

- can the regime be simplified and how can I help with this, eg compliance aids.

As Tully stated in 1993: "Unlike the legal system, perhaps drugs [in the elderly] should be assumed guilty until proven innocent."

Good advice.

## References

- 1 Tully, M P, *Iatrogenic Disease in the Elderly Patient, Hospital Pharmacy Practice* 3:138-144.
- 2 Elderly People: Their Medicines and Their Doctors, *Drug and Therapeutics Bulletin* 28:20:77-79.
- 3 Lindley, C M et al, *Inappropriate Medication is a Major Cause of Adverse Drug Reaction in Elderly Patients, Age and Ageing* 21:294-300.

## Further reading

Swift, C G, *Pharmacodynamics, British Medical Bulletin* 46:1:36-52.  
 Tregaskis, B F and Stevenson, I H, *Pharmacokinetics in Old Age, British Medical Bulletin* 46:1:9-21.  
 Shetty, H and Woodhouse, K, *Chapter 8: Geriatrics in Clinical Pharmacy and Therapeutics*, Churchill Livingstone, 1st ed, 1994

*The second part of this series will tackle the sociological aspects of ageing*

## Table 2: causes of adverse effects

Symptom	Drug
Confusion	Benzodiazepines, diuretics, hypoglycaemic agents, tricyclic antidepressants, opioids, anti-Parkinson's drugs, digoxin (toxicity), cimetidine
Falls	Benzodiazepines, diuretics, cardiovascular drugs (reduce blood pressure), tricyclic antidepressants
Shortness of breath	Beta-blockers in asthma, effects on heart failure (NSAIDs, corticosteroids, beta-blockers, calcium channel blockers*, sodium content in drugs such as antacids)
Constipation	Anticholinergics, opioids, tricyclic antidepressants, phenothiazines, verapamil, antacids containing aluminium or calcium

\*Nifedipine can cause ankle oedema, a side-effect, not a worsening, of heart failure

## Dovonex® (calcipotriol) Scalp Solution Prescribing Information for Dovonex Scalp Solution.

**Indication:** Topical treatment of scalp psoriasis. **Presentation:** 60ml bottles of Dovonex Scalp Solution, 50 micrograms calcipotriol per ml in a colourless, slightly viscous solution. **Dosage and**

**Administration:** Apply twice daily (morning and evening) to the affected areas. Maximum weekly dose should not exceed 60ml. Not recommended in children as there is no experience of use. When used together with Dovonex Cream or Ointment, the total dose of calcipotriol should not exceed 5mg in any week, e.g. 60ml of the Scalp Solution plus one 30g tube of the Cream or Ointment, or 30ml of the Scalp Solution plus 60g (two 30g tubes) of the Cream or Ointment. **Contraindications:**

Patients with known calcium metabolism disorders. Hypersensitivity to any of its constituents. **Precautions:** Should not be used on the face. Wash hands after applying Dovonex Scalp Solution to avoid inadvertent transfer to the face. Use no more than maximum weekly dose since hypercalcaemia, which rapidly reverses on cessation of treatment, may occur. **Side**

**Effects:** Local irritation of the scalp or face may occur. Facial or perioral dermatitis may occur. Other local reactions may occur. The reactions reported with Dovonex Ointment include dermatitis, pruritis, erythema, aggravation of psoriasis, photosensitivity and rarely hypercalcaemia or hypercalcina. **Use during Pregnancy and Lactation:** Safety for use during human pregnancy has not yet been established, although studies in experimental animals have not shown teratogenic effects. Avoid use in pregnancy unless there is no safer alternative. It is not known whether calcipotriol is excreted in breast milk. **Drug Interactions:** No interaction between calcipotriol and UV light. No experience of concomitant therapy with other anti-psoriasis products applied to the same area.

**Overdose:** Hypercalcaemia may occur in patients with plaque psoriasis who use more than 100g of Dovonex Ointment weekly and has been reported at lower doses in patients with generalized pustular or erythrodermic exfoliative psoriasis. **Basic N.H.S. Price:** £22.28/60ml.

**Legal Category:** POM. **Product Licence Number:** 0043/0190. **References:**

1. *Br J Dermatol* 1994, 130 483-87.
2. *Br J Dermatol* 1994, 131 678-83.

Further information is available on request from:



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Psoriasis is a very common skin condition affecting between 2% and 5% of the population. The scalp is frequently cited as a commonly affected site.

Scalp psoriasis occurs when skin cells are produced too quickly. This causes scaling and redness and it can be uncomfortable and itchy. What is worse for some patients is the way it looks, it can be unsightly and unattractive as well as leaving behind a shower of white flakes.

Dovonex Scalp Solution is not associated with the side-effects caused by potent topical steroids or the mess and smell found with tars and dithranol.

Dovonex Scalp Solution is well tolerated by the majority of patients.<sup>2</sup> Although lesional or perilesional irritation is not uncommon it only necessitates cessation of treatment in less than 5% of patients.



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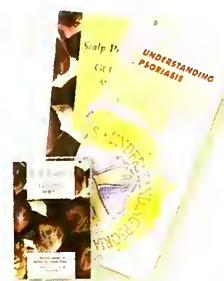
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# Piling on the misery

**Haemorrhoids, or piles, have been a staple source of material for comedians for as long as anyone can remember. The only people who don't find them remotely funny are those who suffer from them, as Trudy Thomas MRPharmS, community pharmacy locum, part-time training officer at the National Pharmaceutical Association and Centre for Pharmacy Post-graduate Education tutor, explains**

It is estimated that 50 per cent of the population will suffer from piles to some degree in their lives – most commonly between the ages of 20 and 50, with men suffering more frequently than women.

Haemorrhoids are varicosities of the network of veins lining the rectum and anus, which generally arise as a result of over-dilation of the veins. As the veins are only supported by loose connective tissue, they can easily rupture when distended, resulting in blood loss. If large, the veins may prolapse (protrude through the anal orifice).

Haemorrhoids can be either internal or external. Internal haemorrhoids form within the rectum. They often lead to scant bleeding, especially after defecation and will frequently itch. On prolapse, the piles are usually self-retracting at first, but may require manual retraction, if particularly large.

External haemorrhoids often appear as bluish protuberances around the anus. They can be soft and painless, but may become painful if thrombosed, ie there is strangulation of a prolapsed pile.

Once the clot has disappeared connective tissue may form leading to 'skin tags'.

## What's the cause?

There is a definite hereditary factor to haemorrhoids, with members of the same family suffering.

- Constipation is a major factor in the formation and perpetuation of haemorrhoids. Straining to pass a motion transmits an increased pressure to the rectal veins, leading to haemorrhoids. Painful haemorrhoids, in turn, make passing a motion difficult and so exacerbate constipation.
- It is generally recognised that a diet low in dietary fibre can contribute to the condition.
- Straining during sneezing or manual work can also precipitate piles.
- The weight of a gravid

uterus leads to venous obstruction in the pelvis, making piles a common feature of pregnancy, with many women suffering for the first time when pregnant.

- Obesity can also affect the rectal veins in a similar fashion.
- Cirrhosis of the liver, where piles result from a secondary increase in portal venous pressure.
- Prolonged use of laxatives and enemas may also lead to the condition developing.
- It has been suggested that piles are a natural part of the ageing process and that we would all develop them if we lived long enough.

However, you can't get them from sitting on damp, cold or hot surfaces.

## Drug involvement

Drugs, including OTC remedies which cause constipation can contribute to

## Haemorrhoids in pregnancy

Haemorrhoids can occur at any time during pregnancy, but tend to be more common in the later months as the weight of the uterus leads to venous obstruction. Constipation is more common in pregnancy, especially if iron preparations are being taken, and must be addressed.

Non-drug treatments should always be considered as first-line, as the safety of topical treatments has not definitely been established (although there have been no reported problems).

Haemorrhoids will often resolve themselves after birth, although residual symptoms may persist and in subsequent pregnancies may become worse.

*Continued on PVIII*



Dr P M Arazzi/Science Photo Library

A thrombosed external haemorrhoid

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Contra-indications Threatened abortion. Hypersensitivity

Precautions Severe or unstable asthma. Bronchodilators should not be the only or main treatment. Consider using oral steroids and/or maximum doses of inhaled corticosteroids. Warn patients to seek medical advice if relief becomes less effective or more doses are needed. Treat severe exacerbations in the normal way. Thyrotoxicosis. Use with caution

Drug interactions Avoid beta-blockers. Care with large doses of other sympathomimetics

Hypokalaemia May occur, particularly in acute severe asthma. May be potentiated by xanthine derivatives, steroids, diuretics and hypoxia. Monitor serum potassium levels

Pregnancy and lactation Experience is limited. Balance risks against benefits

Side effects Mild tremor, headache occur rarely. Peripheral vasodilation and a compensatory small increase in heart rate may occur. Transient muscle cramps have been reported rarely. Hypersensitivity reactions have been reported very rarely. Potentially serious

hypokalaemia may result from K<sub>+</sub>-agonist therapy. Mouth and throat irritation may occur. There have been rare reports of hyperactivity in children. Transient hypoxaemia. Consider supplemental oxygen. Paradoxical bronchospasm. Substitute alternative therapy. Presentation and Basic NHS cost Ventolin Nebules 20 Nebules 2.5mg – £376. 5mg – £767. Hospital packs also available

Product licence numbers 10949/0085, 10949/0086

Product licence holder Glaxo Pharmaceuticals UK Limited

Stockley Park West, Uxbridge, UB11 1BT

POM

Date of preparation: 10/2/95

Reference 1 PSNC News Issue No 11 1993



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Further information is available on request from Allen & Hanburys Limited, Uxbridge, Middlesex UB11 1BT. Nebules and Ventolin are trade marks of The Glaxo Group of Companies.

the problem. Likewise, patients with painful piles should not be prescribed opiate analgesics, for fear of exacerbating the condition.

## Symptoms

The most commonly-reported symptom is the production of bright red blood on defaecation, which is usually seen on the toilet paper. Obviously, this can be very alarming to an individual suffering for the first time.

The blood is characteristically bright red, as it is produced by the capillaries beneath the epithelium – it is not part of the stool itself.

Although haemorrhoids are not always painful, they usually cause itching and a burning sensation around the anus. This is usually due to mucus leaking from the anus as a result of the pressure changes detailed above. The mucus is irritating to the perianal area.

If a haemorrhoid thromboses, then the area becomes exceedingly painful. This development requires bed rest, ice packs applied to the area and analgesia.

## When to refer

- Children
- First-time sufferers
- Pregnant women with severe symptoms
- Severe or persistent symptoms
- Accompanied by weight loss, malaise, fever, persistent vomiting or abdominal distension
- Severe pain
- Dark-coloured blood or mucus passed in stools

## Something serious?

Bleeding from the back passage is a symptom that should always be taken seriously. Any customer reporting the symptoms of haemorrhoids for the first time must be referred to the GP for definite diagnosis.

Anal bleeding can also be due to anal fissure (a tear in the lining of the anal canal), abscess, cysts, polyps, ulcerative colitis, Crohn's disease or malignancy. The presence of other symptoms, such as malaise, fever or weight loss, should be viewed as suspicious, and the customer referred.

Bleeding that is profuse or dark in colour should also be referred to the doctor as a matter of urgency. Blood which appears in the faeces is

usually darker in colour, indicating an origin higher in the GI tract.

Pruritis ani can also be caused by a number of other conditions, including threadworm or scabies infestation, or infections. Diabetes mellitus, psoriasis and anal fissure can all produce itching in the perianal area. Where a cause cannot be identified, pruritis ani is often attributed to sweating, stress or anxiety.

## Pile management

The first aim when managing haemorrhoids is to address the constipation. Customers requesting OTC haemorrhoid products should be asked about bowel habits. Their diet needs to be assessed for fibre and fluid content and the customer should be advised of simple ways of increasing their fibre. Customers can also be advised to restrict spicy foods, which are irritants to the perianal area.

Non-stimulant laxatives can be recommended to help in the short-term. Bulk laxatives or stool softeners would be suitable for this purpose.

The other aspect of non-drug therapy is to advise on toilet hygiene. The perianal area should be washed after defecation with warm water and soap to reduce the irritation. However, if this proves impractical, soft, moist tissue can be a convenient alternative. It is not necessary to use haemorrhoid-specific products, any antiseptic wipe will suffice. Excessive use of toilet paper should be avoided.

Customers should be encouraged to avoid straining at stool. The 'littlest room' provides the ideal opportunity for a sit down, relax and time to do the crossword, perhaps, so that motions can be passed naturally. Resisting the urge to use the toilet should be avoided.

Regular exercise promotes the free flow of blood through rectal veins, as well as preventing constipation and improving health generally. Pharmacists may get an opportunity to promote health exercise in this way, while counselling a customer on haemorrhoids.

## Topical treatment

Much relief can be gained from the use of topical treatment. The *British National Formulary* lists a number of bland, soothing products which can give symptomatic relief. Many of these incorporate mild

astringents, such as bismuth subgallate, zinc oxide and hamamelis. They are said to reduce the oedema and exudate associated with haemorrhoids, although there is little supportive evidence.

Antiseptics, such as chlorhexidine and benzalkonium chloride, are included in many haemorrhoidal formulations to prevent secondary infection developing. Some research questions the benefit of antiseptics in this role, as they may alter the natural flora and so interfere with the body's protective mechanisms.

Local anaesthetics, such as benzocaine and lignocaine, can be used to reduce pain and irritation, but good evidence of their effectiveness is lacking. The *BNF* recommends these products are only used for a maximum of two weeks because of the possibility of perianal skin sensitisation.

Heparinoid, a muco-polysaccharide polysulphate, is claimed to regulate blood flow and possess anti-inflammatory and anti-exudative properties. There is little evidence to substantiate these claims at present.

Vasoconstrictors, such as ephedrine, are also said to reduce inflammation and bleeding. The effects of this ingredient are, however, on arterioles and capillaries rather than veins, so again its actions may be limited.

The effectiveness of warming agents, eg camphor and menthol, and so-called cell-healing agents, such as shark liver oils, have yet to be proved.

## Steroid preparations

Hydrocortisone-containing creams and ointments have recently become available for OTC sale for the treatment of piles. It is accepted that these items would not be for the first-line treatment or for first-time sufferers, but for those with a confirmed diagnosis and a more severe attack. OTC restrictions preclude their use in children under 18 and pregnant women.

The prescription use of steroid preparations more potent than hydrocortisone is not justified in haemorrhoidal conditions.

## Formulation choice

Crems and ointments can be used for external or, with the use of a rectal applicator, internal haemorrhoids. The greasier base of the ointment may be preferred by those

## Training points for counter assistants

- Explain to counter assistants the need for discretion when dealing with this sensitive issue – can they take customers to a quieter part of the shop?
- Assistants should be made aware of the likely involvement of constipation in haemorrhoids and the need to question about this symptom.
- Consider whether all requests for bleeding piles should be referred to the pharmacist.
- Consider if requests for steroid-containing items should be automatically referred to the pharmacist.

whose perianal skin is sore and dry. Creams, however, in their vanishing base, are less likely to stain underwear.

Suppositories should only be recommended for the treatment of internal piles and usually need moistening before insertion.

All preparations should be used morning, night and after defecation.

## Oral therapy

The rutosides and their derivatives are suggested to improve capillary permeability and fragility where impaired. So far, trials have not shown any advantage over topical therapy.

## Surgical treatment

- Sclerosing agents, eg oily phenol injection. These are used to produce fibrosis in uncomplicated piles, so decreasing congestion and preventing bleeding.
- Rubberband ligation – causes piles to slough off. The advantage being that no anaesthetic is needed.
- Anal dilation – this reverses the narrowing of the vessels caused by piles.
- Haemorrhoidectomy – complete removal of the haemorrhoid, only used when all else fails.

## Further reading

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## NEW POLI-GRIP FRESH. A FRESH APPROACH TO DENTURE FIXATIVES.

It's thumbs up for Poli-Grip Fresh the newest denture fixative to join the Stafford-Miller fixative range.

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• NEW Poli-Grip Fresh which combines Poli-Grip Ultra's stronger, longer hold with an extra fresh double-mint flavour, will give your customers the choice they're asking for.



NATIONAL POLI-GRIP TV CAMPAIGN BREAKS 7<sup>TH</sup> AUGUST

Stock up with Poli-Grip today and take advantage of this fresh profit opportunity.

1. Nielsen Retail Audit, Year to April 1995 2. Data on file Stafford-Miller Ltd. 1995

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# STATE OF INDEPENDENTS

The wholesale drug industry in the United States has undergone dramatic consolidation during the past decade. In a trend repeated throughout the world, the number of drug wholesalers in the US is rapidly shrinking as giant companies continue to grow by acquisition.

This activity is synergised by the significant capital demands of the industry, and the inability of small regional and local wholesalers to invest in the systems, materials handling equipment and personnel required to remain profitable in this low-margin and highly-competitive industry.

Proof of this is the recent bankruptcy of two large regional wholesalers (late 1994), both located on the East Coast, which collectively recorded sales of more than \$1.5 billion in the year preceding their bankruptcies, which were filed within a week of each other.

With this kind of economic and competitive pressure being the order of the day, wholesalers in the US must operate in the most efficient manner possible, continuing to reduce operating costs wherever possible.

At the same time, the prime customer segments – hospitals and other institutional providers, multiples (including traditional pharmacy chains like Boots, plus food market pharmacies and mass merchants with pharmacies) and over 27,000 independents – all require special programmes and pricing strategies if they are to remain loyal to their existing wholesalers.

The six large, national wholesalers (all of which are public companies) are in a battle for market share which continues to drive prices down and exert more pressure on the 40 remaining independents.

## Focused on price

With the pressure on retail margins continuing to increase, due to the influence of managed care, personal loyalties are waning as customers become more and more focused on the prices and services they receive from wholesalers, rather than the length of time they have been doing business with them, or who the salesperson is.

Most retail marketing activi-



**American wholesalers' customer loyalty is waning as pharmacists shop around for the best deal. The result, Tony de Nicola discovers, is independents disappear and the majors grow by acquisition**

ties which are provided by wholesalers for their pharmacy customers are designed to be utilised by the independent and small chain pharmacies.

Without the benefit of a corporate 'headquarters' staff, these customers are most in need of the marketing programmes and purchasing power required to survive in the highly-competitive US retail market.

Accordingly, all wholesalers in the US – large and small, local, regional or national – provide some sort of voluntary trading group umbrella. These programmes are designed to provide a common identity, easily recognisable by consumers, vendors and third party payers, along with a host of programmes

designed to build store traffic, and increase sales. Included among these programmes are:

- store identity materials
- advertising
- own-label merchandise
- purchasing programmes for generics, and repackaged branded pharmaceuticals
- a host of store services which can lower operating costs

One of the wholesalers' primary goals in developing these programmes is to 'lock in' their customers. If the programme and the identity it provides is valuable enough to the retailer participants, they have less motivation to change wholesalers, since that might require changing identity and possibly confusing customers.

## Fresh challenge

The challenge that wholesalers face is to keep these programmes fresh, making sure that they address the issues of the day where the retailers are concerned. Developing new own-label items in an obscure product range, while issues such as pharmaceutical care, therapeutic niche marketing and patient wellness are on the lips of every pharmacist in the US, is not an example of keeping up with current trends.

US wholesalers are being challenged by their customers to address current issues through their voluntary trading groups while, at the same time, helping pharmacists obtain contract pricing on pharmaceuticals and OTCs. This is a fine line to walk, one which some have negotiated better than others.

More than 15,000 US independents take part in voluntary trading group activities, with another 10,000 or so involved in private, retailer-owned/driven activities through the many buying groups and co-operatives which exist in the States.

## Attrition

The continuing attrition of independents, coupled with the growth of these groups, indicates that before this decade is over, all independent and small chain pharmacies will be members of some sort of trading group, with the large majority of them being wholesaler-managed.

It is accepted that the only way independents can survive is by participating in these activities. Coupling that with the fact that independents represent far and away the most profitable customer segment for wholesalers, it is mandatory that wholesalers continue to increase the value of their voluntary trading programmes to customers, thereby enabling them to remain viable.

*Anthony de Nicola is a pharmacist and president of pharmacy consultants A&D Associates. He has had 25 years' experience in community pharmacy, owning two pharmacies in suburban New York. He founded and directed the Legend Pharmacy Co-operative, a network of 850 community pharmacies in 15 states, for 13 years.*

Wella unveils a massive support package for revolutionary haircare product, Liquid Hair

# A golden opportunity



Pharmacists have a real opportunity to grow their haircare sales this summer with the huge amount of support that Wella is putting behind its latest innovation - Liquid Hair. Wella is committed to developing exciting and innovative new products which provide consumers with improved performance or new solutions to consumers' hair care and hair styling requirements. Last year Wella became the first manufacturer in the UK to launch a semi-permanent colourant in a mousse format - Wella Colour Mousse. With Wella Liquid Hair comes another truly innovative product that is the first of its kind in the world to actually rebuild hair from within.

## A revolution in haircare

Until recently there has never been a product that could actually rebuild hair, providing the ultimate rescue remedy that consumers have been crying out for. Not, that is, until Wella Liquid Hair, which not only provides an

exciting new concept for consumers, but a major profit opportunity for retailers:

- Offers consumers a complete renewal of their hair's structure
- The first product in the world to put hair back into hair
- Contains the same natural ingredients as hair itself - amino acids and keratin - in a liquid form
- Quick and simple to use

Wella Liquid Hair penetrates the hair's structure and, after blow-drying, bonds with it to rebuild and restructure from within. This regenerative action enables Wella Liquid Hair to resolve common hair problems:

- Lasting repair for dry and damaged hair
- New volume, strength and shine for fine and delicate hair

A real innovation in haircare, this complex product occupies a unique premium position within the conditioner market. As it is a real innovation, Wella Liquid Hair puts pharmacists in an ideal position to

consumers on the product, creating real sales opportunities.

## Promotional support

Wella is putting its full support behind Liquid Hair to help drive sales through pharmacies. It has invested in a massive above and below the line promotional package for Liquid Hair over the next three months, providing retailers with huge profit potential.

This summer will see Wella Liquid Hair on TV for the first time. A major £2.8 million advertising campaign will run during July, August and September, with nationwide coverage including ITV, Channel 4, GMTV and satellite stations. Its humorous approach explores the many different remedies that women have tried in the past to achieve healthy looking hair. Over 9.6 million women around the UK will see the ad and, relating to the familiar predicament portrayed, will find Wella Liquid Hair the ultimate, modern day solution.

In Europe, TV advertising has already achieved amazing results, notably a volume sales uplift of 800 per cent. Wella is totally committed to

achieving similar success for Liquid Hair in the UK.

Research carried out on the ad by the Test Research Agency put it in the top ten of all ads tested - 63 per cent were persuaded to try the product after seeing the ad just once - highlighting the huge potential for retailers. Wella's promotional support also includes an extensive public relations campaign aimed at stimulating consumer interest,

encouraging trial and gaining high awareness. High profile, educational advertorials will appear over the next two months within key women's titles such as Good Housekeeping, Marie-Claire and Hello!

Customers requiring further information on Wella products can be referred to the Wella Consumer Haircare Advisory Centre, Wella Road, Basingstoke, RG22 4AF, which offers unrivalled advice on all aspects of haircare.

## Liquid asset

Wella is putting its full support behind Liquid Hair and with the conditioner market already showing significant growth of 8 per cent in value, there has never been a better time for pharmacists to cash in on haircare sales.



# At your own peril

Just when you thought you were coming out of the recession, insurance companies are warning of alternative ways for your business to collapse. Jackie Blondell reports

**W**hen we hear of a business collapsing we at once blame the recession, the Government and poor business practice, but for one pharmacist the scenario was more literal.

Mr X was working in his pharmacy. Meanwhile, builders were on the site adjacent, digging a trench. The trench put pressure on the pharmacy's 100-year-old foundations, causing it to collapse - destroying the shop, its fittings, most of the stock and injuring customers.

Fortunately, the pharmacist, who also owned the building, had it insured up to the hilt. If he had taken out a basic 'perils' policy, he would not have qualified for a penny.

"Pharmacies usually start off with the basic sort of contract, which we call the perils policy," says John Hart, general manager of Pharmacy Mutual Insurance. "This covers the normal contingencies: fire, burst water pipes, storms, aircraft, water damage, theft and glass breakage. Excluded is accidental damage."

**I**'The price of ensuring you are prepared for every eventuality - from marauding contractors to invading partygoers - can actually be quite small'

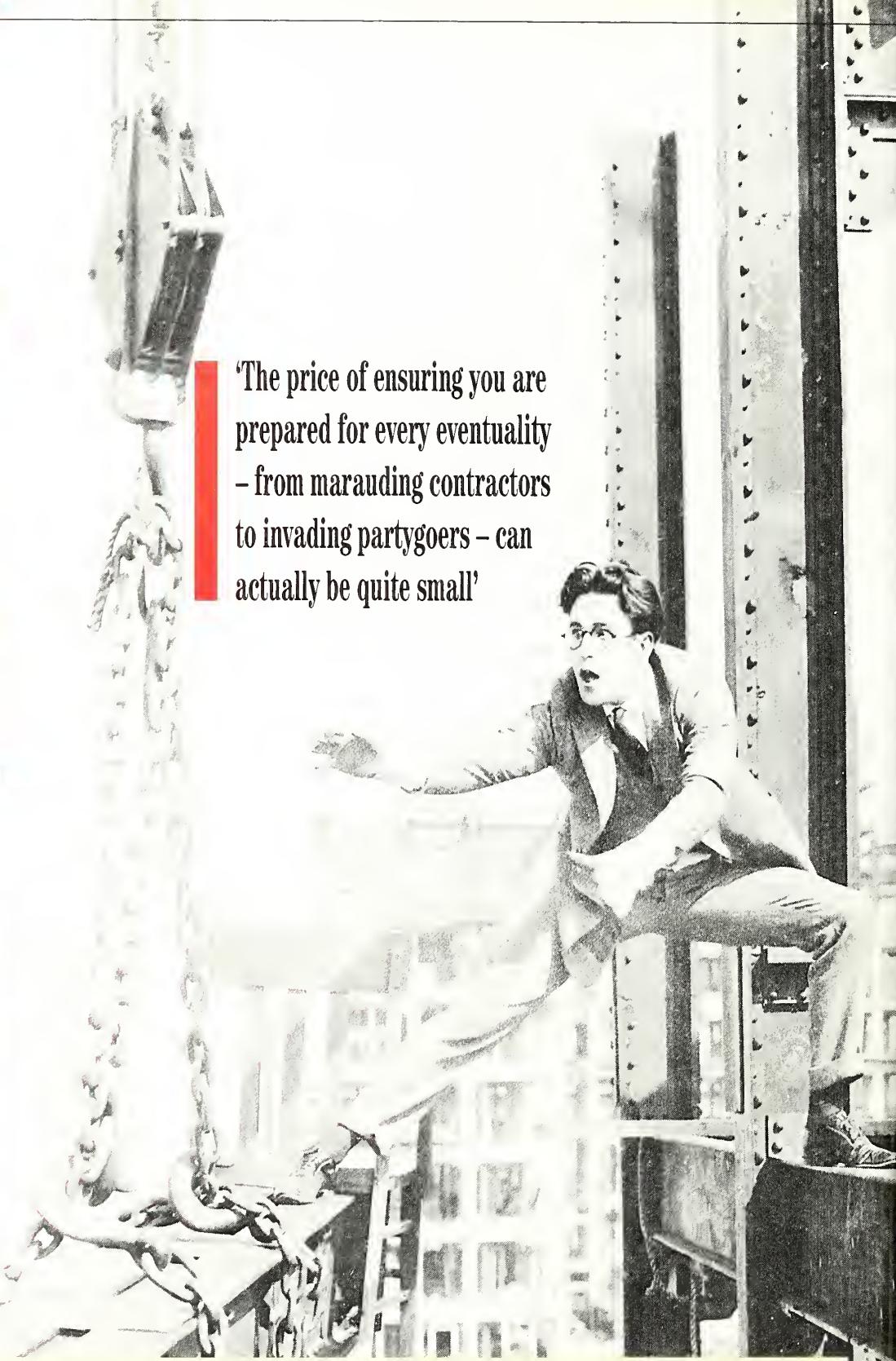
PMI has paid out £142,000 on the claim so far. There is also an ongoing claim for loss of profits while the company is not trading. The insurance company has built in a period of indemnity of 24 months into its policy, instead of the usual 12.

"With an accident of this sort the site has to be cleared, revised plans have to be drawn up and approved by the local authority. Then the whole thing has to be rebuilt. So 12 months could go by without the pharmacist trading, which leaves little

time for an assessment of lost profits," says Mr Hart.

So what options would Mr X have been left with if he had only taken out a perils policy? Firstly, he could attempt to recover his damages from the contractor. But if the contractor goes into voluntary liquidation the day after, then he has no rights of recovery.

Mr Hart explains: "If Mr X is also running on an overdraft, he has to pay the costs of restocking, rebuilding and the loss of profits. My personal assessment





**Miller Freeman**

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The World Beauty & Toiletry Products Report 1995 is due for publication in August and is one of the most comprehensive market research reports ever published in this sector. Over 460 pages of detailed market analysis and key market data include essential facts and figures for all product sectors in the beauty and toiletry products market, including sales trends, product segmentation, brand leaders and global distribution. Plus, there are in-depth individual and regional market studies on key countries and regions, detailed company profiles, a special report on the international duty-free market, and complete market forecasts to the year 2000 and beyond.

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GLOBAL MARKET FORECASTS TO THE YEAR 2000 AND BEYOND

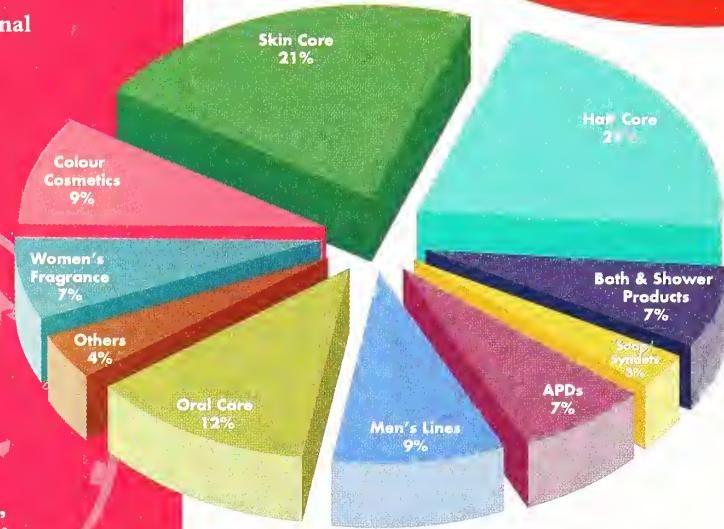


Chart 6.4 Germany – Cosmetics and Toiletries Sales by Category 1994

The World Beauty & Toiletry Products Report 1995 is produced by market research specialists Market Tracking International and is published in the UK by Miller Freeman Professional Ltd. The Report will contain over 460 pages of detailed market data, plus 250 relevant tables and charts, making it the definitive Global Report for the health and beauty industry. Orders can currently be taken at a special pre-publication price of £650, prior to publication in August 1995 at the regular price of £750. Fill in the form below for your copy of this exclusive Report at this special price, or apply for further details.



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# Unichem buys BHL in £17.5m deal

Unichem has boosted its Moss pharmacy chain to 407 stores, following the acquisition of Scottish retail pharmacy group Baddon Holdings for the sum of £17.5 million.

The deal, which further consolidates Moss as the UK's third-largest pharmacy chain, comprises 23 Scottish pharmacies and other localised regional assets, including a majority interest in two large health centre pharmacies. It also strengthens Moss's position in Scotland, bring-

ing the number of its pharmacies there to 76.

Unichem is paying \$2.32m in cash for the business, with the balance in loan notes. The deal, which Unichem chief executive Jeff Harris says is "near the top end of the scale", comprises \$13.7m for goodwill and fixed assets, including 25 freehold sites, and a maximum of \$3.8m for current assets, subject to adjustment on completion.

The family-owned BHL group is based on the west coast, where

there is a very good prescription business. Many of its shops have no competition, and average sales are around \$600,000.

The group reported operating profits of \$478,385 on a turnover of \$12.8m for the year ending May 31. At that date, the group had net assets of \$3.23m, but has since acquired two pharmacies in Kilbirnie, south west Scotland.

Unichem's core wholesale operation is also strengthened by the purchase, as it had not previously supplied BHL.

Unichem has snapped up 54 shops this year – a similar number to the first six months of last year. In 1994, it ended up with 100 extra outlets in its stable, but Mr Harris says he doesn't "expect to maintain the same momentum" of acquisitions this year.

In June, the group bought the Roberts' 15-store chain in the north east of England for \$7.1m. It also acquired six pharmacies from Cleveland-based Beggs Chemists in the same period.

## BTC dispensing boosted 10.5pc

Boots the Chemist continues to drive the fortunes of its parent company upwards, with the highest first quarter increase in like for like sales in the group.

Total sales in the chemist chain rose by 5.9 per cent (1994: 4.2 per cent), with like for like sales up 4.8 per cent. Income from dispensing increased 10.5 per cent (8.3 per cent) and counter sales rose 4.9 per cent (3.4 per cent).

Chairman Sir Michael Angus says the company's strength is in the "core business of NHS dispensing, OTC healthcare and beauty and personal care". He says the sales pattern over the three months was variable, but sun-related products benefited from the fine weather, and sales overall were close to budget.

He maintains cosmetics and skin care brand No7, relaunched at a cost of \$11 million, has "achieved excellent sales".

Boots Healthcare International's comparative sales increase (allowing for disposal of businesses) of 7.8 per cent was

boosted primarily by good sales of core brands, such as Strepsils and Nurofen. The Contract Manufacturing division, where investment has expanded third party manufacturing, had increased sales of 8.9 per cent.

Sales spiralled downwards 6.6 per cent on a like for like basis and 12.6 per cent after store closures at Do It All. Decorating division A G Stanley was also a poor performer, with total sales falling by 10.9 per cent and like for like sales by 11.2 per cent.

Sales were up 20.5 per cent at Childrens' World, where children's fashion at higher margins continues to be a strong seller. Boots Opticians had an overall sales increase of 19.4 per cent due to investment in larger practices. Actual like for like sales were 2.6 per cent. Halfords had a sales increase of 4.2 per cent.

Group sales increased 7 per cent, but Sir Michael warns that underlying factors will continue to "depress consumer confidence and inhibit spending".



Chairman Sir Michael Angus on site at the Contract Manufacturing division with principal scientist Stephanie Franklin. He believes the retail market will "remain difficult for some time to come"

## Sales grow for William Ransom

William Ransom showed a 45 per cent increase in operating profits to \$748,000 for the year to March, 1995, but reported a drop in pre-tax profits of \$121,000 to \$804,000, due to heavy capital investment in plant.

The company, which produces a broad range of generic tinctures, elixirs and other pharmacy products, has refurbished packaging and production in its pharmacy division, as well as enhancing its sensory evaluation unit.

Sales, which have been at a virtual standstill for the past three years, have increased 10 per cent to \$7.5 million.

## OTC prices are maintained

The Resale Price Maintenance agreement is increasingly being upheld by traders and manufacturers, says the Proprietary Articles Trade Association.

In its latest annual report, director Geoff Harraway says: "We have continued to achieve an acceptable level of success in persuading price-cutters of OTC medicinal products to cease the practice and to meet Resale Price Maintenance requirements."

Last year, the Association received 185 cut-price reports. In 1993, 196 were made, with 200 the year before that.

As a result of the action taken by PATA last year, 160 assurances

that prices would be corrected were received from traders.

A further 15 assurances were received via manufacturers and five undertakings were obtained through solicitors. The remaining five traders were found to have ceased price-cutting when checked.

In the previous year, 138 assurances were made, and 15 came via manufacturers.

The Association is continuing its series of presentations to pre-registration students and is also "well on the way" to compiling and analysing data on the value and importance of RPM to pharmacists and consumers.

### Co-op coup

National Co-operative Chemists is buying four pharmacies in the Brighton area with a combined turnover of £2 million. The outlets are being sold by the Brighton Co-operative Society for an undisclosed amount.

### GW settlement

Glaxo Wellcome has settled the Myodil litigation out of court. Without admitting liability, the company will pay the plaintiffs a lump sum of £7 million.

### MMC referral

Nutricia has been referred to the Monopolies and Mergers Commission over its acquisition of Valio International UK.

### Warning signal

From this month, potentially hazardous household chemicals must have a raised warning triangle on packaging to warn partially-sighted and blind people of the contents. For more information phone 0171 215 5000.

### More to the bar

The number of shops scanning bar codes at the point of sale has increased by more than 25 per cent over last year, says the Article Number Association.

### \$11.2m raised

Vanguard Medica has raised £11.2 million through private financing. It will be using the funds to expand its portfolio of compounds under development.

### Portia's Olive branch

Health and beauty company Olive has been taken over by Portia Products, but there will be no change to existing lines and customers should continue to place orders at Olive House.

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**TRADE LESS 50%+VAT** - 120 Taga-  
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caps, 3x112 Dixerit 25mcg, trade less  
40% - 76 Accuteric tabs (exp 1/96).  
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**200 MAXEPA CAPS** - 200 Dantrium  
25mg caps, 200 azathioprine 50mg  
tabs, 28 Zocor 20mg, 3x21 Cyclo-  
Progynova 1mg, 60 Inderal 80mg,

2x50 Fluanxol 0.5mg, 2x100 spirono-  
lactone 100mg. Tel: 01766 830437.

**TRADE LESS 30%+VAT** - 2x600 Pro-  
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Minocin MR (exp 9/96). Tel: 01667  
462615.

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**TRADE LESS 25%+VAT** - Rifater 110  
(exp 10/96), Rifadin 150mgx50 (exp  
3/96), Hypovase 5mgx56, 100 Bolvi-  
dom 10mg, 8x2ml Depo-medrone with  
Lidocaine (exp 9/96), 30 Eldepryl  
10mg (exp 10/95), 4 Rimactane syrup  
(exp 97), Elantan 10mg (exp 99). Tel:  
0181-800 4876.

**TRADE LESS 50%+VAT+POSTAGE** -  
127 Loxapac caps 10mg (exp 8/95), 80  
Furadantin tabs 100mg (exp 8/95).  
Tel: 01322 526470.

**TRADE LESS 20%+VAT+POSTAGE** -

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Inderal LA, 36 Provera 5, 2 Pulmadiil  
inhaler. Tel: 01963 250259.

**TRADE LESS 50%+VAT+POSTAGE** -  
Coloplast Assura 2775 2x30, Colodress  
plus S875 2x30, Convatec S363  
2x10, Hollister D953 2x10. Tel: 01787  
247284.

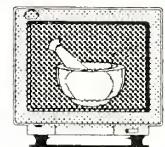
**TRADE LESS 30%+VAT+POSTAGE** -  
Hexopal forte 232 tabs, Benoral 155  
(exp 1/96). Tel: 0181-876 4603.

**TRADE LESS 30%+VAT** - 2x100  
Inderetic caps (exp 9/99), 2x100  
Danol 100mg caps (exp 8/97), 1x100  
Danol 200mg caps (exp 1/97), 1x100  
Endoxana 50mg caps (exp 2/96). Tel:  
0181-670 6863.

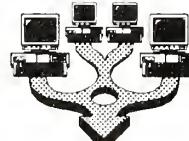
**TRADE LESS 50%** - 2x20 S292  
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**TRADE LESS 25%+VAT** - 84 Estracyt (exp 10/95), 3x56 Rifinah 300 (exp 6/98), 60 Fucidin tabs (exp 4/96). Tel: 01285 651431.

**TRADE LESS 25%+VAT+POSTAGE** - Sinequan 50mg caps, 28 Carace 2.5mg, Maxidex drops, 100 Dolobid 500mg, Tenif caps, 200 Hydrocortone 10mg. Tel: 0181-567 2922.

**TRADE LESS 50%** - 3x30 brand new Hollister bags 2115. Tel: 01708 440762.

**TRADE LESS 30%+VAT** - 28 Zantac disp tab (exp 10/96), 2x5ml Propine drops (exp 11/95), 100 Ventolin 4mg tabs (exp 9/95), 200 Allegron 10g tab

(exp 10/95), 4x14 Zinnat 125mg sachets (exp 8/95). Tel: 0117 9655287.

**TRADE LESS 25%** - Sandostatin 100mcg/ml, Sandostatin 1mg/5ml, Havrix 1ml, Xylocaine 2%. Tel: 01704 28437.

**TRADE LESS 50%** - Securopen 5g infusion pack x30 (9/97). Tel: 01527 872056.

**TRADE LESS 25%+VAT** - 1 Pulmicort turbo 400 90 Lodine 300mg caps. Tel: 01705 663945.

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**RICHARDSON PMR SYSTEM** - 4 years old, fully maintained and updated, Panasonic printer only \$400. Tel: 0191-262 3269.

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**PORTABLE NEBULISER** - Light weight, in reasonable order. Tel: 01226 207020.

**DYLON DYE** - No. 43 urgently required, any quantity considered. Tel: 01639 822340.

**SEBAMED SHAMPOO** - Tel: 01472 602198.

**CLASS B SCALES** - to weight 100gn, in good condition, state price etc. Tel: 01582 419432.

**COLOPLAST MC** - 5740, Biotrol elite 328-35, Convatec 312, 320, S353. Tel: 01963 250259



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Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed alongside.

Appointments, situations wanted, and businesses for sale will be incorporated as lineage advertisements under the appropriate Classified headings.

To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname .....

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## Motorway pharmacy boosts NSPCC appeal



### APPOINTMENTS

**Jon Merrills**, deputy chief pharmaceutical officer at the Department of Health, has taken early retirement to join **Dr Alan Smith** in his pharmaceutical and legal consultancy, based in Oxfordshire. Dr Smith, former chief executive of the Pharmaceutical Services Negotiating Committee and former director of the British Generic Manufacturers Association, was recently awarded a doctor of philosophy degree from the University of Portsmouth.

The BOC Group will be appointing **David John** as its chairman, following the retirement of Richard Giordano at the annual general meeting next January; **Danny Rosenkranz** will also succeed Alexander Dyer as the Group's chief executive. **Euan Baird** and **Rodney Chase** have been appointed as non-executive directors with immediate effect.

**Adrian Kelly** has joined Milupa as marketing director, moving from SMA Nutrition. **Helen Messenger**, previously at the Infant and Dietetic Foods Association, has been appointed head of corporate affairs.

**Paula Ozols** has been appointed to head up the newly-created trade marketing department at Ever Ready UK.

Isle of Wight pharmacists and their staff were given the chance to experience Cowes Regatta Week first hand by sailing aboard the Maxi Yacht 'Nicorette'.

Pharmacis, which sponsored the ex-Whitbread 70ft-long boat, was so overwhelmed by the response to the invitation – almost 80 people responded – that two days were set aside to fit everyone in.

Cowes' pharmacies Beken & Son, Hills and Boots acted as collection points for Pharmacis's customer competition, which gave them the opportunity to advise on smoking cessation. Beken and Hills also designed their shop windows with Pharmacis display material to highlight the event.



**Kali Rai** walked off with the first prize at Mawdsley-Brooks' centenary golf tournament at The Warwickshire golf club last week. Over 50 customers and suppliers competed in the event

Pharmacy staff at Taylor's Chemist took advantage of its unique location at a Midlands' motorway service station to collect foreign coins for the NSPCC.

Pharmacy manager Jan Barlow and assistants Sharon Ebanks and Melissa Smith, who work in the pharmacy at the Hilton Park service station on the M6 near Wolverhampton, actively encouraged passing travellers to part with their foreign and UK coins for the Dramamine Happy Traveller Appeal run by Searle.

The station's administration

manager was also roped in and three hefty sacks of foreign coins which had been collected from slot machines were donated.

The pharmacy, which is the only one located on a motorway, boosted the appeal by attracting regular customers, such as lorry drivers, as well as people on their way to and from their holidays.

The coins collected will go towards achieving the Appeal's \$20,000 target.

**Pictured left are assistant Sharon Ebanks (left) and pharmacy manager Jan Barlow**

## 'Nicorette' sails into Cowes



Pharmacy staff were invited to visit the Nicorette exhibition tent at Cowes, which provided the general public with information on Nicorette products, the yacht

racing programme and publicity material.

The Nicorette yacht won a trophy in the Channel Race, the first event of the regatta.

### OBITUARY

**HUTT: Robert John, 50, of 115 Wyre Hill, Bewdley, Worcs, in a road accident on August 1.**

Robert Hutt qualified from Bradford in 1969. He spent some time in community practice in Birmingham before switching career to teach chemistry in Sheffield. However, changing circumstances saw him returning to community pharmacy, where he was employed by Mike Hadley in Bewdley.

*Mike Hadley, of Hadley Hutt Computing, writes:* "Robert was a dedicated pharmacist, who always worked to the highest standards. He succeeded as a teacher, finishing as head of a large science department at a comprehensive in Sheffield. His enthusiasm as a community pharmacist lead to his writing the

original PILS to improve services in Bewdley.

"The rest is history. Not content with writing software packages for sale, Robert saw as a priority the creation of a successful operation, and, as a result, Hadley Hutt is a well structured company. In the past year, Robert delegated parts of his job to ensure a more relaxed lifestyle. It is a cruel twist of fate that, having passed over many of his responsibilities, he should lose his life.

"The team at Hadley Hutt is in a state of great sadness at the loss of a colleague and friend. Our thoughts are with Barbara, his wife, who is in a state of shock, as well as being injured in the accident, and their two children."

No details of the funeral arrangements are yet available.



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